

31761 118500909

CAZON
ZI
-83H021



84

ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND
RELATED MATTERS.

Hearing held
8th floor
180 Dundas Street West
Toronto, Ontario

The Honourable Mr. Justice S.G.M. Grange

Commissioner

P.S.A. Lamek, Q.C.

Counsel

E.A. Cronk

Associate Counsel

Thomas Millar

Administrator

Transcript of evidence
for

December 20, 1983.

VOLUME 84

OFFICIAL COURT REPORTERS

Angus, Stonehouse & Co. Ltd.,
14 Carlton Street, 7th Floor,
Toronto, Ontario M5B 1J2

595-1065



ANGUS STONEHOUSE & CO. LTD
TORONTO ONTARIO

1 ROYAL COMMISSION OF INQUIRY INTO CERTAIN
2 DEATHS AT THE HOSPITAL FOR SICK CHILDREN
AND RELATED MATTERS.

3

4

Hearing held on the 8th Floor,
180 Dundas Street West, Toronto,
Ontario, on Tuesday, the 20th
day of December, 1983.

5

6

7

8 THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner
9 THOMAS MILLAR - Administrator
10 MURRAY R. ELLIOT - Registrar

11

12

APPEARANCES:

13

E. CRONK Commission Counsel

14

15 D. HUNT) Counsel for the Attorney
16 L. CECCHETTO) General and Solicitor General
of Ontario (Crown Attorneys
and Coroner's Office)

17

M. THOMSON) Counsel for The Hospital for
R. BATTY) Sick Children

18

19

D. YOUNG Counsel for The Metropolitan
Toronto Police

20

21

K. CHOWN Counsel for numerous Doctors
at The Hospital for Sick
Children

22

23

F. KITELY) Counsel for the Registered
E. MCINTYRE) Nurses' Association of Ontario
and 35 Registered Nurses at
The Hospital for Sick Children

24

25

(Cont'd)



ANGUS, STONEHOUSE & CO. LTD.
TORONTO, ONTARIO

(b)

APPEARANCES: (Continued)

- | | |
|---------------|---|
| H. SOLOMON | Counsel for The Ontario
Registered Nursing Assistants |
| D. BROWN | Counsel for Susan Nelles -
Nurse |
| E. FORSTER | Counsel for Phyllis Trayner -
Nurse |
| J.A. OLAH | Counsel for Janet Brownless -
R.N.A. |
| B. KNAZAN | Counsel for Mrs. M. Christie -
R.N.A. |
| S. LABOW | Counsel for Mr. & Mrs. Gosselin,
Mr. & Mrs. Gionas, Mr. & Mrs.
Inwood, Mr. & Mrs. Turner, Mr.
& Mrs. Lutes, and Mr. & Mrs.
Murphy (parents of deceased
children) |
| F.J. SHANAHAN | Counsel for Mr. & Mrs. Dominic
Lombardo (parents of deceased
child Stephanie Lombardo); and
Heather Dawson (mother of
deceased child Amber Dawson) |
| W.W. TOBIAS | Counsel for Mr. & Mrs. Hines
(parents of deceased child
Jordan Hines) |

VOLUME 84



Digitized by the Internet Archive
in 2023 with funding from
University of Toronto

<https://archive.org/details/31761118500909>



1 INDEX OF WITNESSES

	<u>NAME</u>	<u>Description</u>	<u>Page No.</u>
4	<u>BROWNE, (Ms.) Carol;</u>	Recalled	8164
5		Direct Examination by Ms. Cronk (Cont'd)	8164
6		Examination by Ms. Kitely	8292
		Cross-Examination by Mr. Brown	8383

15 INDEX OF EXHIBITS

	<u>No.</u>	<u>Description</u>	<u>Page No.</u>
17	300	Bound Volume of Wards 4A/4B Communication Books and Ward Meeting Books.	8171
19	301	Unbound document containing photo- copy of Ward 4B meeting book from June 9, 1980 to November 17, 1981.	8172
21	302	Memorandum dated March 30, 1983 from Mr. Douglas Snedden, Executive Director to Night Supervisor.	8175
23	303	Document entitled: "Statement on the Clinical Nurse Specialist".	8320
25	304	Cardiology Diagram.	8322



1

INDEX OF EXHIBITS (Cont'd)

2

No.	Description	Page No.
305	Summaries of Various Administrative Practices by Carol Browne.	8333
306	Photograph of IV System	8344
307	Document entitled: "Patient Care Plan".	8366

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25



A/DM/ak

1

2

---Upon commencing at 10:00 a.m.

3

MS. CRONK: Good morning, sir.

4

THE COMMISSIONER: Good morning,

5

Miss Cronk. Before we start I have a couple of things I want to say. First of all the stated case is going to be heard on January the 16th, which is a Monday, and I expect that the case itself will be in your hands this afternoon and you will be expected to accept service at the same time. I am going to leave the procedure to Mr. Lamek and Miss Cronk, but I can tell you that the time set forth in the rules are just clearly not applicable if we are going to be on as quickly as that and I am going to suggest to you that the applicants for the stated case, that is the people who are opposed to the naming of names should file them as Memos of Fact and Law by the 6th of January, and the respondents should file theirs by the 11th of January. I can tell you as a matter of, I would say wisdom, the sooner you get your factums filed the more likely you are to receive favour from the Court. You may find of course that you can always rely upon the rules that you don't have to get it in by that time, but if you don't get it in there is a chance of pre-disposing the Judge's your way won't be as good. So that

24

25



1

2

word to the wise.

3

4

5

6

7

8

I suggest that you all know almost exactly what anybody else is going to say, and I see no reason why you can't have it all prepared and the respondents can't have theirs prepared with only a little polishing to do when the applicants proceed with theirs.

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Now the next thing is of course this statement of Mrs. Browne. I am not anxious to make a ruling on that today, I may be forced into it before the end of the day, but I would prefer to leave it until we come back on the 9th of January. I don't think the problem is urgent, I don't think it is at the moment and we can always recall Mrs. Browne if it is necessary, but it is an important matter and it is going to apply to a lot of other witnesses as well and I want to think it out carefully.

There is one problem that I do have, I have been treating this as a matter of discretion and it may well be that someone here thinks it is not a matter of discretion but a matter of law. If that is so I would like to have their authorities, and I suggest that that be sent to me, it can just be sent in the form of a letter, and I would like to have it by the 4th of January. I am not interested



1

2

in any appeals to my discretion, I think I can handle
those perfectly well myself, but I am interested in
any authority, either that the document is in law
producible, or is in law not producible. I at the
moment have been acting on the basis that there is
no rule either way and that I am handling this as
a matter of discretion, but if I am wrong and if
anybody thinks there is a legal question in it
then I would like to hear from them. Yes, Mr. Brown?

10

11

12

MR. BROWN: On the January 4th date,
I am certainly going to endeavour to get our sub-
missions to you.

13

14

THE COMMISSIONER: Only if it is
a question of law, if it is a question of discretion
you don't need to.

15

16

MR. BROWN: Well, perhaps discretion is
in itself a matter of law that has been well
established.

18

19

20

THE COMMISSIONER: Once discretion
becomes that well established it ceases to be a
discretion and becomes a matter of law.

21

22

23

MR. BROWN: Well, Mr. Sopinka will
not be here in the next two weeks and I of course
would like to review the matter with him, and I am
not completely sure I can get it by January the 4th.

24

25



1

2

I think I can get it in that week but it may be after
January the 4th.

4

5

THE COMMISSIONER: He is a pretty
peripatetic fellow, isn't he?

6

7

MR. BROWN: I think he is on
R and R right now.

8

9

10

11

12

13

THE COMMISSIONER: I see, all right.
Bearing that in mind I still would like to hear
from anybody if they think it is a question of law
by the 4th of January. As I say it may become
academic, because I may be forced into making a
ruling before the end of today for all I know, but
I am hoping to avoid it as is my custom.

14

All right. Yes, Miss Kately?

15

16

MS. KITELY: Since it was I who
raised it, I assure you we will have something to
you by the 4th.

17

18

19

20

21

22

23

24

25

THE COMMISSIONER: Yes. Remember
what I am interested in is law and not your views
as to how I should conduct myself, because I have
heard that. Mind you, if you are going to tell me
that I will have to receive it anyway but I don't
really want it, I want law if there is any.

MS. KITELY: Would you like it
distributed among other counsel, sir?



1

2

THE COMMISSIONER: Well, I think
that is a little awkward because we won't be sitting.
I thought if anything came along I simply would send
them out. I hadn't thought of anybody putting in a
reply.

3

4

5

6

MS. KITELY: Shall I send one to
Miss Cronk on her honeymoon, sir?

7

8

THE COMMISSIONER: I'm sure she
will pay a great deal of attention to that.

9

10

11

MS. CRONK: I prefer you didn't
attempt to reach my anyway.

12

13

14

THE COMMISSIONER: Well, if she
does pay any attention to it I think it augurs
not well for the marriage, that is all I can say.

15

MS. CRONK: There is a question of
priorities I think, sir.

16

17

THE COMMISSIONER: Yes, all right.

MS. CRONK: Ms. Browne.

18

CAROL BROWNE, Recalled

19

THE COMMISSIONER: Yes, Miss Cronk.

20

MS. CRONK: Thank you, sir.

21

DIRECT EXAMINATION BY MS. CRONK: (Continued)

22

Q. Ms. Browne, I remind you
you are still under oath from Thursday of last week.

23

A. Thank you.

24

25



1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. As part of your duties and responsibilities on Wards 4A/B in the Hospital did you have occasion to become familiar with what I might describe as the Ward 4A and 4B communication books?

A. Yes.

Q. Could you explain very briefly to us what the purpose of those books was?

A. The communication book?

Q. Yes.

A. It was a book that was kept on the wards so if information needed to be passed on from shift to shift, and since the nursing staff worked a 12-hour shift and would be on two or three days and then off two or three days it was difficult to be sure that some information would be conveyed verbally, so anything that was important to be passed on to each nurse was put in the communication book.

Q. As I understand it there was one such book maintained on Ward 4A at all times and one such book on Ward 4B, do I have that correct?

A. That is correct.

Q. Whose responsibility was it, or whose duty was it to make the entries in those



ANGUS, STONEHOUSE & CO. LTD.
TORONTO, ONTARIO

Browne, dr.ex.
(Cronk)

8166

1

2

books?

3

A. Primarily the head nurse, but
any other staff member could contribute to that
book, and I am meaning nursing staff.

4

Q. Was that a matter of discretion?

5

A. Yes.

6

Q. So that if a particular
registered nurse, or registered nursing assistant
felt that he or she had something to add they could
simply record it in the communications book?

7

A. That is correct.

8

Q. Was it intended insofar as
you are aware, Ms. Browne, as each new shift came
on duty each member of that shift was responsible
to review the communications book to see if there
were any pertinent entries that had been made?

9

A. I would say so, although I
don't know that it was that automatic. If there
were particular issues that the head nurse really
wanted to be sure they saw immediately there was a
blackboard on the ward and she would just star for them
to please see the communications book around a certain
date of entry.

10

Q. Was it open to the individual
nursing members on the floor to do that as well?

11

12



1

2

A. Yes.

3

4

Q. Quite apart from the
communication books, Ms. Browne, did you equally
have an opportunity to familiarize yourself on those
two wards with what I might describe as the Ward 4A
meeting book and the Ward 4B meeting book?

5

6

A. Yes.

7

8

Q. I take it that those are
documents that are rather of a different nature
than the communications book?

9

10

A. That is correct.

11

12

Q. Could you explain how they
are different and what the purpose of the ward
meeting books was?

13

14

A. Yes. Can I start with the
purpose of the ward meeting book?

15

16

Q. Yes.

17

18

A. The purpose of the ward
meeting book was to document any meetings that were
held on the ward, or indeed it included meetings
that were held outside the ward that involved the
nursing staff. So what it was, it was very
briefly a synopsis of what had gone on in the
meeting for those who were not at the meeting. So
the difference between the ward meeting book and

19

20

21

22

23

24

25



1

2

the communication book would be that the meeting
book reported on specific meetings; the communication
book indeed might refer to the meeting book but was
more general communication.

6

7

Q. And like the situation with the
communications book was there a separate ward meeting
book maintained on each of Wards 4A and 4B?

9

A. Yes.

10

Q. Once again who was responsible
or invited to make entries in the ward meeting books?

11

A. Primarily again it would be
the head nurse, but if indeed she was not at the
meeting it would be delegated to one of the nursing
staff.

15

Q. And it would be delegated by
the head nurse?

16

A. Yes.

17

Q. And once again was it intended
on the wards insofar as you were aware that all
members of the nursing staff who were working on the
wards keep themselves up to date with the contents
of the ward meeting books?

22

A. Yes.

23

Q. Ms. Browne, I think perhaps
a simpler way to do this is to give you a copy of

24

25



ANGUS. STONEHOUSE & CO. LTD.
TORONTO. ONTARIO

Browne, dr.ex.
(Cronk)

8169

1

2

all of these documents at once.

3

A. Would you mind if I used one
that I have flagged already?

5

6

Q. No, that is fine as long as
you can identify this one for me.

7

A. Yes.

8

9

Q. I will go through them
individually, sir.

10

THE COMMISSIONER: Right.

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

MS. CRONK: Q. Ms. Browne, I have
given you a bound volume and perhaps we can start
with that first. Would you turn to the very first
tab, as I understand it the document that appears
after that tab represents the Ward 4A communications
book for the period May 13th, 1980 through to
January of 1982; do I have that correct?

A. That is correct, yes.



1
2
3 B/BN/ak

Q. And if we move, then, to the next tab in the book, as I understand it, the document which appears at the second tab represents the Ward 4B communications book covering the period September 19, 1980 again to January of 1982; do I have that correctly?

8 A. I believe it is 1982.

9 Q. Perhaps we could just look at
10 the last page.

11 A. Yes.

12 Q. January of 1982?

13 A. Yes.

14 Q. And if we could look, then,
15 at the third tab, as I understand it, this document
16 represents the ward meeting book for Ward 4A for
17 the period April 8, 1977 to May 4, 1980?

18 A. Yes.

19 Q. And then under the last tab in
20 the bound volume, do I have it correctly that that
21 document represents the Ward 4A meeting book for
22 the period April 20, 1980 to December 1, 1981?

23 A. That is correct.

24 Q. There appears to be some minor
25 overlap between the dates covered by the two Ward 4A
meeting books?



1

2

A. That is right.

3

MS. CRONK: Sir, could we have
this bound volume then marked as the next exhibit?

4

THE COMMISSIONER: Yes. What
number are we at?

5

THE REGISTRAR: 300.

6

THE COMMISSIONER: All right, 300.

7

---EXHIBIT NO. 300: Bound Volume of Wards 4A/4B
Communication Books and
Ward Meeting Books.

8

9

MS. CRONK: Q. Ms. Browne, I have
given you, as well, a separate unbound document,
which I understand to be a copy of the Ward 4B
meeting book covering the period commencing June 18,
1980 through to November 17, 1981; do I have that
correctly?

10

A. I see it starting June the 9th.

11

12

Q. I am sorry, you are quite
right.

13

THE COMMISSIONER: What is this one
called again?

14

MS. CRONK: Q. This is the Ward
4B meeting book, as I understand it; is that correct,
Ms. Browne?

15

16



1

2

A. That is correct.

3

Q. And you are quite right, it
starts June the 9th, 1980 and covers the period
through to November 17, 1981.

4

A. That is correct.

5

MS. CRONK: Could that then be
marked, sir, as Exhibit 301.

6

THE COMMISSIONER: Yes, all right.

7

---EXHIBIT NO. 301: Unbound document containing
photocopy of Ward 4B meeting
book from June 9, 1980 to
November 17, 1981.

8

MS. CRONK: Q. You will recall,
Ms. Browne, that last Thursday we were discussing
the date of introduction to Wards 4A/4B of a
clinical pharmacist. You indicated, I believe,
that to the best of your recollection that assignment
took effect in September of 1980; do I have that
correctly?

9

A. That is correct.

10

Q. Could I ask you, please to
turn, if you would, to the communications book for
Ward 4A. That is under the first tab of the bound
volume.

11

By way of preliminary explanation

12

13



1

2

and apology, sir, a number of the pages in this
book are very difficult to read. They are in the
form in which we received them, but we now have the
originals, and if any counsel cares to examine the
originals, they are, of course, available.

7

THE COMMISSIONER: Yes, all right.

8

Thank you.

9

10

MS. CRONK: Q. If you could turn,
if you would, please, Ms. Browne, to page 6 of the
Ward 4A communication book; do you have that?

11

A. Yes, I do.

12

13

14

15

16

17

18

19

Q. There is an entry on that page
under August 15, 1980, Item No. 2, which appears to
be a notation that the clinical pharmacist will
be starting from Wards 4A and 4B and Wards 4C and
4D soon. Do I correctly interrupt that to mean that
at a minimum the clinical pharmacist started on the
ward some time after August the 15th, 1980 and could,
as you have suggested, well have started the
beginning of September?

20

A. Yes.

21

22

23

24

25

Q. You will recall last Thursday,
as well, Ms. Browne, that we briefly discussed the
emergency resuscitation procedures that appeared to
have applied insofar as they concerned nursing staff



1

2

on Wards 4A/4B during this nine month period of time.
They were set out in Exhibit 294. Perhaps,
Mr. Registrar, you could provide a copy of that to
the witness.

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

You will see, Ms. Browne, that the very first page of that exhibit appears to relate not to the emergency resuscitation procedures and systems as they apply to nursing, but rather, as I understand it, to the protocol that was implemented on April 13, 1981 concerning the drawing of blood for digoxin assays some patients who had suffered a cardiac arrest and a Code 25 on Wards 4A and 4B; do I have that correctly?

A. Yes.

Q. And you will see in the very first paragraph of this memorandum, Ms. Browne, that reference is made to a previous memorandum to the night nursing supervisor in respect of a protocol instituted March 30th, 1981?

A. Yes.

Q. I am showing to you, Ms. Browne, a memorandum dated March 30, 1981 expressed to me to be from Mr. Douglas Snedden, Executive Director of the Hospital to the night supervisor, and I would ask you to look at it and tell me, if you would,



1

2

if it represents the protocol that was implemented on
March 30th as referred to in the exhibit we were
just looking at?

5

6

A. To the best of my recollection,
yes.

7

8

MS. CRONK: All right, thank you.
Could that marked, sir, then as Exhibit 302.

9

THE COMMISSIONER: Yes, 302.

10

11

---EXHIBIT NO. 302: Memorandum dated March 30,
1982 from Mr. Douglas Snedden,
Executive Director to Night
Supervisor.

12

13

14

15

16

17

18

19

20

21

22

23

24

25

MS. CRONK: Q. Dealing with the
March 30th memorandum, Ms. Browne, do the contents
of the memorandum, to the best of your knowledge,
reflect the protocol that was instituted on March
30, 1981 on Wards 4A and 4B to apply in the event
of a Code 25 and a patient death on those wards?

A. Yes.

Q. As I read the memorandum,
Ms. Browne, it does not provide for the drawing of
blood for the purposes of a digoxin assay; do you
agree with that interpretation?

A. Yes, I would.

Q. If we turn, however, to the
memorandum dated April 13th, this protocol appears



1

2

to supercede that that was introduced on March 30th;
do I have that correctly?

3

A. Yes.

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

provide for the procedures which were to be followed
in the event of a Code 25 as they might relate to
the drawing of blood for the purposes of conducting
a digoxin assay; do I have that correctly?

A. That is correct, yes.

Q. And it provides first, and I
am looking now at the third paragraph of the memor-
andum, the blood for a digoxin level was to be drawn
as soon as practical after the cardiac arrest and
sent for immediate analysis?

A. Yes.

Q. And then secondly, if the
patient died, all of the equipment and the patient's
room, bed, intravenous lines and all solutions that
had been in use were to be left untouched until the
results of the digoxin assay had been reported; do
I have that correctly?

A. That is correct.

Q. Then thirdly, if the digoxin
level was determined to be within acceptable ranges,
the normal or the usual nursing and medical



1

2

procedures after death were to apply?

3

A. Correct.

4

Q. But if the digoxin level was reported at an abnormally high level, then certain named individuals were to be contacted immediately, and they included the Executive Director of the Hospital, Mr. Snedden and Dr. Richard Rowe.

5

A. Yes.

6

Q. I note, Ms. Browne, that the March 30th memorandum quite obviously speaks to the protocol that was to apply from that date forward. It was then superceded, as you have told us, by the memorandum of April 13th which is specific as to the matter of drawing blood for digoxin assays. Was there, to the best of your knowledge, any procedure in place on Wards 4A/4B from the period March 22nd through to March 30th which provided for the drawing of blood for digoxin assays in respect of patients who had died on the wards during that period?

7

A. I cannot say specifically.

8

Q. Dealing then with the protocol that was introduced on April 13th, to the best of your knowledge, are the procedures which are outlined in that memorandum reflective of the procedures that applied on those two wards and which were followed

9

10



1

2

from April 13th forward?

3

A. Yes.

4

5

Q. Is that the protocol that is
still in place on Wards 4A/4B to the best of your
knowledge?

6

7

A. I am hesitant to say since I
have not been there for nine months.

8

9

Q. Sorry, at the time that you
left the Hospital, was this protocol still in
effect on those wards?

10

11

A. I think it been eased, and
I cannot tell you exactly when.

12

13

Q. Perhaps we can pursue that,
then, with another witness.

14

15

THE COMMISSIONER: I am sorry,
you think it had been what?

16

17

THE WITNESS: I think they were
not doing the same extent of investigation after
deaths at the time that I left.

18

19

THE COMMISSIONER: Were they not
taking digoxin levels?

20

21

THE WITNESS: I think they were
still taking digoxin levels, but they were not
as careful about sealing off the area and not
touching things.

22

23

24

25



1

2

MS. CRONK: Q. Well, indeed, the directive to not touch any of the items contained in the patient's room is one that was made at least as early as March 30th, was it not?

3

A. Yes, it was.

4

Q. That is the first item, as I read it, covered in the March 30th memorandum?

5

A. Yes.

6

Q. It is just far more detailed in the April 13th memorandum?

7

A. Yes.

8

Q. Could I ask you now, Ms. Browne, on the same matter to turn again, if you would, to the Ward 4A communication book, and this time to page 36.

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25



bmcB.jc
C 1

2 This is the first tab of Exhibit 300.

3 A. Yes.

4 Q. Do you have that?

5 A. Yes.

6 Q. Dealing first with the entry
7 that appears to have been made on April 10th, 1981,
8 that applies to the giving of digoxin.

9 A. I'm sorry, I don't have it. Tell
me again.

10 Q. Page 36.

11 A. Under?

12 Q. The Ward 4A Communication Book.

13 A. I have that. Oh, I see, okay.

14 I'm sorry, I am over on page 37. Okay, thank you.

15 THE COMMISSIONER: Page 36, for some
16 reason there is a page 36 but also a 37 number on mine.

17 MS. CRONK: That is the same problem
18 that Ms. Browne was just having, at the top of the
page it says page 37.

19 THE COMMISSIONER: Which are we to
20 look at?

21 MS. CRONK: I'm referring to the
22 smaller set of pagination numbers, sir, the one at the
23 top left-hand corner of the page, it says 36.

24 THE COMMISSIONER: Well, that is fine

25



C.2

1

2 to do it that way but all of the numbers, we have
3 the numbers - oh, I see. Some pages we just have a
4 top number, we don't have another one.

5 MS. CRONK: That is correct, sir.

6 THE COMMISSIONER: Then what are you
7 going to do then, you are going to refer to that
number?

8 MS. CRONK: Then I'm going to try my
9 very best to try and help you locate the page, sir,
10 because it is going to be more difficult.

11 The entire book was not paginated
12 sequentially. What you are looking at in terms of
13 the smaller numbers on this one are the page numbers
14 that actually appear in the original Communications
Book.

15 THE COMMISSIONER: Oh, all right.

16 MS. CRONK: I am interested now, sir,
17 in your page 37, my page 36.

18 THE COMMISSIONER: Okay, all right,
19 thank you.

20 MS. CRONK: Q. The top entry applies
21 to giving digoxin. Do you see that, Ms. Browne?

22 A. Yes.

23 Q. And as I read it the entry was
24 made on the 10th of April, 1981 and it provides that

25



C.3

1

2 digoxin must be a controlled drug, that it must be
3 signed in the narcotics book by two registered nurses.
4 There is a caution to try to subtract carefully and
5 a suggestion that a calculator be used, and Item 4
6 is that all 4A RN's may give digoxin under the above
7 conditions, and then Item 5, the team leader or
8 other 4A registered nurse please give digoxin for
relief staff.

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

In light of what you have told us

previously when you were here, Ms. Browne, insofar
as you are aware, after April 10th, 1981, was the
procedure still followed on Ward 4A that any
registered nurse could administer digoxin so long as
the procedures which applied to a narcotic or a
controlled drug were followed?

A. Yes.

Q. All right. Can you help me as
to what is intended, as you understand it, by the
reference made on Item No. 5 that a team leader or
other 4A registered nurse should give digoxin for
relief staff?

A. Relief staff were staff that
were called into the area when we were short, either
that we didn't have enough nurses there or because
particular children needed more intensive nursing



C.4

1

2 care and left some children not covered by nurses,
3 if you will, and relief staff might come from other
4 areas of the Hospital primarily that were not as
5 busy. So, when they came to the ward it was the
6 requirement after this point in time that it be the
7 registered nurse from 4A or 4B who would do the
digoxin medication.

8

Q. Was this then the procedure
that applied as of April 10th on both Ward 4A and
4B insofar as you are aware?

9

A. Yes.

10

Q. What was the procedure with
respect to the administration of digoxin by relief
staff prior to March 23rd?

11

A. Prior to March 23rd a relief
registered nurse could administer digoxin. She had
to have the dosage and the drawing up of that digoxin
checked by another registered nurse who would
primarily be from the 4A or 4B staff but she was
allowed to give digoxin as long as she felt
comfortable to do that.

12

Q. Subject I take it to the same
restrictions that applied to a 4A or 4B registered
nurse in the administration of that drug?

13

14

A. That is correct.

15

16

17



C.5

1

2 Q. All right. Could I ask you as
3 well to refer to the second entry on page 36, again
4 apparently made on April 10th, 1981, having to do
5 with the drawing or the taking of digoxin levels.
6 As I read those entries, the entries outlined
7 procedures which were to apply on Ward 4A in
8 consequence of the April 13th protocol directed by
Mr. Snedden?

9

A. That is correct.

10

11

12

Q. All right. Insofar as you are
aware, Ms. Browne, did they apply equally on Ward 4B
after April the 10th?

13

14

15

16

17

18

19

20

A. Yes.

21

22

23

24

25

Q. All right. Could you turn as
well to the next page. Part of this page has been
inadvertently blanked out in the photocopying process
but I'm interested for the moment in the memorandum
that appears at the top of the page dated March 24,
1981 expressed to be from the Director of Pharmacy
Services, one Jane Gillepie to all Head Nurses. Have
you seen this memorandum before, Ms. Browne?

21

A. I can't speak for the time in
question but I certainly have seen it recently.

22

23

Q. All right. And it provides
that:

24

25

(2)



C.6

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

"Effective Sunday, March 22nd, 1981
it is necessary to handle all
preparations of digoxin in the same
manner as a narcotic or scheduled G."

That is a controlled drug.

"All inventories of digoxin are to
be checked and a count recorded at
the end of each shift. Every dose
administered and all wastage must
be recorded. Any discrepancy should
be reported immediately to the head
nurse or nursing co-ordinator."

Now, insofar as you are aware, Ms.

Browne, were those the procedures that were implemented
on Wards 4A/4B with respect to the handling of
digoxin effective Sunday, March 22nd?

A. Yes.

Q. We have heard in evidence from
other witnesses, Ms. Browne, that the directive that
digoxin be treated as a controlled drug and the
duplicate signing procedures which apply to controlled
drugs in fact was ordered to take effect some time
during the evening on Saturday, March 21st, and my
recollection of that evidence is that it was
suggested that that directive was made at approximately



C.7

1

2 7:30, 8 o'clock, 8:30 in the evening. To the best
3 of your knowledge, was the treatment of digoxin as
4 a controlled substance effected on the Sunday or on
5 the Saturday evening, or do you know?

6 A. I believe it was the Saturday
7 evening and at that time all the digoxin was placed
8 in a locked cupboard.

9 Q. Was this memorandum then ---

10 THE COMMISSIONER: I only have a very
11 faint memory of that but I thought that digoxin was -
12 that the doctors, Dr. Costigan and Dr. Mounstephen,
13 were they not finished their task somewhere in the
14 early morning?

15 MS. CRONK: They conducted - I'm sorry,
16 sir. They did indeed conduct an inventory that
17 evening and Dr. Carver has testified, and my
18 recollection is that it was between, as I suggested,
19 7:30 and 8:30 that the directive went out that
digoxin from that time forward was to be treated
as a controlled drug on those wards.

20 THE COMMISSIONER: Well, you are
21 probably right. I thought my recollection was that
22 the doctors were going around giving this word to
23 each floor between sometime around eight and up to
midnight that night.

24

25



C.8

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

MS. CRONK: I'm sorry, sir, we were at cross purposes. You are quite correct. I think it is an unclear matter as to precisely when that directive was given on those two wards but we know that Dr. Carver's evidence has been that the decision was made earlier in the evening.

THE COMMISSIONER: The decision was made at about 8 o'clock.

MS. CRONK: That's right.

THE COMMISSIONER: But effectively I don't believe, I would be surprised if it turned out to be effective before the following morning. I don't think it was, was it?

THE WITNESS: It seems to me that I saw a memo or some documentation that between 8 and 12 indeed they had gone through the wards.

THE COMMISSIONER: Were you on duty that night?

THE WITNESS: No, no I wasn't.

THE COMMISSIONER: How could you have seen anything that night if you weren't on duty?

THE WITNESS: It is something that I have read recently, more recently in terms of memory.

MS. CRONK: Well, to be fair to the witness, sir, she did tell us previously that she



C.9

1

2 was not on duty that weekend and it may very well be
3 that these questions will have to be put directly
4 to those nurses that were on duty that evening.

5 THE COMMISSIONER: No, but what
6 Mrs. Browne seems to have said she saw something that
7 night?

8 THE WITNESS: I didn't see something
9 that night, I have seen something in recent days.

10 MS. KITELY: Could I assist, sir?

11 THE COMMISSIONER: Yes.

12 MS. KITELY: I think what the witness
13 is referring to is Exhibit 165, which is the memo-
randum.

14 THE COMMISSIONER: Well, if you saw
15 something dated that night it is quite different
16 from seeing something that night, that's all.

17 THE WITNESS: That's true.

18 THE COMMISSIONER: It may be a matter
19 of importance whether or not it was effective on
20 the night of the 21st and my impression up until now
21 had been that it really wasn't effective at all
22 until roughly midnight, the 21st, 22nd, but if you
23 saw something earlier I would like to know about it.

24 THE WITNESS: Since I wasn't there
25 I can't comment in a firsthand way whether that was
done.



C.10

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

THE COMMISSIONER: Well, I think you can comment to say that you didn't if you weren't there, I thought that you could have said that, could you not?

THE WITNESS: Yes, I can.

THE COMMISSIONER: And do you want to?

THE WITNESS: Yes.

THE COMMISSIONER: Yes, all right.

MS. CRONK: Q. All right, so that I

am clear. Have you seen a memorandum dated the evening of March 21st that spoke to the control or treatment of digoxin as a controlled drug and, if so, did you see it close to the weekend of March 21st or is that something you have seen more recently in preparing to give evidence here?

A. It is something I have seen

more recently and I can't recall at what point I saw it in the past.

Q. Thank you. From a nursing

perspective, Ms. Browne, was the effect of the memorandum of March 24th such as to require the double-checking of any withdrawal of calculation of digoxin by two nurses at the time that it was being prepared to be given to a patient? Was the effect of the memo to require that it be double-checked by two nurses?



C.11

1

2 A. Yes, although that was the policy
3 before but not the signing.

4 Q. All right. So, I take it then
5 that the new element, if you will, from a nursing
6 perspective was that the two nurses who checked the
7 drawing-up of the drug were now required to both
sign that they had done so?

8 A. That is correct.

9 Q. All right. And as well I take
10 it that for the first time it was required that a
11 drug count be made specific to digoxin at the
beginning and at the end of each nursing shift?

12 A. That is correct.

13 Q. And in accordance with the
14 procedures which you have told us generally applied
15 to narcotics and controlled drugs, in the normal
16 course would that drug count be conducted by the head
17 nurse or if delegated by her by the team leader?

18 A. Yes.

19

20

21

22

23

24

25



D/DM/ak

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. We have heard something in evidence as well, Ms. Browne, concerning a number of medication errors which occurred on Wards 4A/4B involving digoxin during the fall of 1980. Are you familiar with the fact that those medication errors occurred, and if so with the circumstances which applied when they did occur?

A. Yes, and certainly the communication book refreshed my memory.

Q. In that regard, could I ask you to turn to the communications book for Ward 4B which appears at the very next tab. These pages, sir, are not numbered as you noted earlier but the entry in which I am interested is that for November 18, 1980.

THE COMMISSIONER: November 18th, well, mine are numbered but obviously they are numbered starting at 58, do you have those numbers on yours?

MS. CRONK: No, sir.

THE COMMISSIONER: No. 18, they are chronological.

MR. YOUNG: Page 63, Mr. Commissioner.

THE COMMISSIONER: Page 63 on mine too.



Browne, dr.ex.
(Cronk)

1

2

3 MS. CRONK: Thank you. Well, sir,
4 for once you are on the mailing list and it appears
I am not.

5

6 Q. The time/date entries that
7 I am interested on that page, Ms. Browne, start the
28th of October then follow to the 6th of November,
the 15th of November, do you have that?

8

A. Yes.

9

10

Q. And we see there on the 17th
of November the following entry:

11

12

"New procedure re digoxin on day of
dig. L see next page..."

13

And then further:

14

"We had three errors..."

15

Is that "on 4A"?

16

17

"...and 4A one error. Three errors on
4B and one error on 4A in a week all
by relief and students."

18

Do you see that?

19

A. Yes.

20

21

Q. Then I would ask you to turn,
if you would, to the next page.

22

23

24

MS. KITELY: Mr. Commissioner, I
wonder if the witness might also be given the
original in front of her if she is being asked to

25



Browne, dr.ex.
(Cronk)

D3

1

2

interpret any writing.

3

MS. CRONK: If she has any difficulty at all I will be pleased to provide that.

4

5

Q. Do you require it for the next page, can you read on the next page?

6

7

A. Fairly well I think.

8

Q. If you need it please feel free to ask for it.

9

A. Thank you.

10

11

12

13

14

15

Q. Dealing with the third paragraph which is - perhaps we should start at the top it suggests that the normal procedure with oral digoxin administrations was to give them at 9:00 a.m. in the morning and at 2100 hours in the evening, do you see that?

16

A. That is correct.

17

18

19

Q. To the best of your knowledge was that as is suggested the usual procedure for the time being of oral doses of digoxin on Wards 4A/4B?

20

A. Yes.

21

22

23

24

Q. There than appears as is set out in paragraph 2 I suggest an exception to that rule, and that is when the child or the particular patient involved was to have a digoxin level done

25



Browne, dr.ex.
(Cronk)

D4

1
2 digoxin if to be given orally was to be given at
3 5:30 in the morning instead of 9 o'clock in order
4 that the blood could reach the biochemistry labora-
5 tory in sufficient time to permit the testing to
6 be done; do I have that correctly?

7 Q. Yes.

8 THE COMMISSIONER: Where is the
9 oral part?

10 MS. CRONK: That is BID, sir. If
11 you look at the top paragraph digoxin BID is usually
12 given at 9:00 a.m. and 2100 hours, am I misinterpret-
ing that?

13 THE WITNESS: That doesn't specify
14 the route.

15 MS. CRONK: Q. I am sorry, then I
16 am wrong. What does that refer to?

17 A. It refers to twice a day.

18 Q. To twice a day?

19 A. Yes.

20 MS. CRONK: Thank you, sir.

21 Q. So I take it then if any
22 form of digoxin was to be given it was to be given
23 at 9:00 in the morning and at 2100 hours in the
24 evening save for the exception I have just referred
25 to?



Browne, dr.ex.
(Cronk)

1

2

A. Yes.

Q. Then I would ask you to refer to the third paragraph, which again refers to digoxin errors, and it indicates that on the 6th of October, the 10th of October, the 15th of October, the 7th of November, on three occasions a relief nurse and on one occasion a student gave digoxin at 9:00 a.m. without realizing that it had been given at 5:30 in the morning and was not due again until 2100 hours. I take that entry to reflect four specific medication errors that had occurred on Wards 4A/4B involving the use of digoxin in the months of October and November, 1980; is that correct?

A. Yes.

Q. And the nature of the error was such that the patients involved effectively received an extra dose of digoxin, one at 5:30 in the morning and one again inadvertently at 9:00 a.m.

A. That is correct.

Q. Does it go without saying perhaps, Ms. Browne, that those errors were immediately detected, as is evidenced by the fact that an entry was made in the ward communications book to draw the fact of the errors to the attention of the rest of the members of the nursing staff?

25



ANGUS. STONEHOUSE & CO. LTD.
TORONTO. ONTARIO

8196

Browne, dr.ex.
(Cronk)

1

2

A. Yes.

3

4

Q. We have heard in evidence as
well, Ms. Browne, about another medication error
that occurred on Wards 4A/4B involving the use of
digoxin, and that error occurred several months
later in March of 1981 when a patient by the name
of Kristin Inwood received a dose of digoxin that
was intended for another patient, one Kevin Pacsai.
Were you aware that that medication error had
occurred?

10

11

A. Yes, I was.

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. Other than the four errors

which are recorded in the communications book to
have occurred in October and November of 1980, and
the error which occurred in March 1981 concerning
Kristin Inwood, are you personally aware of any
other medication errors on either of these two wards
involving digoxin at any time during the period
July 1980 through to March 1981?

A. I don't believe so.

THE COMMISSIONER: Do you know the

facts with respect to these, are they available, are
they coming out, the facts with respect to these
errors?

MS. CRONK: I am going to obtain



D7

1

2

3 that information if I can, sir. The only information
4 that is currently available to us is simply that it
5 is recorded in the communications book, that is as
6 to the nature of the error.

7 THE COMMISSIONER: I tell you, the
8 sort of thing I would like to know, I would like to
9 know what child was involved, it might be one of ours,
10 and it would be of some importance to know whether
11 it was one relief nurse or whether it was three
12 different relief nurses, that doesn't seem to be --

13 MS. CRONK: I can tell you, sir,
14 it is my understanding that none of the errors
15 apply to any of the children in our group of 36,
16 but I will certainly undertake to confirm that.
17 But as to the number of relief nurses involved
18 perhaps Ms. Browne can help us and perhaps she can't.

19 Q. Do you know, Ms. Browne,
20 whether or not it was one relief nurse that was
21 involved, or was it three different relief nurses?

22 A. I can't say specifically.

23 THE COMMISSIONER: Where would this
24 information come from, it would be reported I take
25 it, would it?

26 THE WITNESS: Yes, there would have
27 been an incident report.



ANGUS, STONEHOUSE & CO. LTD.
TORONTO, ONTARIO

Browne, dr.ex.
(Cronk)

8198

1

2

3 THE COMMISSIONER: They presumably
4 should be available somewhere, should they?

5

THE WITNESS: Yes.

6

7 THE COMMISSIONER: No doubt you are
8 considering enquiring, but in the Inwood case the
9 incident report was not in the - it is now called
10 the chart.

11

MS. CRONK: I am still trying.

12

13 THE COMMISSIONER: I have given up
14 on that.

15

MS. CRONK: I'm still trying, sir.

16

17 THE COMMISSIONER: And I take it
18 that for some reason those incident reports do not
19 get into the chart or the medical record of the
20 children.

21

22 THE WITNESS: I think that is
23 correct.

24

MS. CRONK: Well, sir --

25

26 THE COMMISSIONER: I have some
27 trouble understanding that.

28

29 MS. THOMSON: Mr. Commissioner, if
30 I might be of some assistance at this stage. It
31 is my understanding and we will be happy to check
32 with the Hospital, at this time the incident reports
33 are housed in a separate area, they are all kept,

34

35



1

2

and we will be more than happy to determine whether
the three incidents here relate to any of our
children.

5

THE COMMISSIONER: Yes, if you
could do that that would be helpful.

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

MS. CRONK: I should tell you as
well, sir, the reason for my hesitancy at this stage
to discuss the matter further; the Hospital has been
most co-operative in providing further information
to us as to the total number of medication errors
involving digoxin which occurred during the nine
month period at the Hospital. There are further
particulars that are under discussion now between
Commission Counsel and the Hospital.

14

15

THE COMMISSIONER: Yes, all right.

16

17

MS. CRONK: Concerning this and
hopefully that information will be placed before
you although it will not be today.

18

19

20

21

22

23

24

25

Q. Ms. Browne, I would like to
turn to a new subject if I may. This Commission
has heard evidence that by the beginning of August
1980, certain of the cardiologists in the Cardiology
Department, specifically on Wards 4A/4B were aware
that there had been, during the month of July 1980,
a significant increase in the number of deaths on



1

2

3 Wards 4A/4B. That evidence, sir, is found in the
evidence of Dr. Rowe at Volume 10.

4

5 Ms. Browne, were you aware at the
beginning of August of 1980 that there had been an
increase in the number of deaths that were occurring
6 on Wards 4A/4B?

7

8

9 A. I was.
Q. And how did you become aware
of that?

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

A. It was concerns raised by
the nursing staff, and it was in discussion with
two head nurses. Could I preface my comments
through the July and August time period with the
fact that Janet Beed had started with me just prior
to that time. Through the month of July we spent a
considerable period of time away from the ward with
her orientation period. Through the month of August
we spent a fair period of time putting together
a research proposal to front her position. So in
terms of our usual activity on the ward, we were
somewhat less available in that time period.

Q. Janet Beed I believe you
told us earlier was the second clinical nurse
specialist who started on Wards 4A/4B?

A. That is correct.



1

2

Q. And she started when, in July?

3

A. I think the end of June.

4

Q. The end of June 1980?

5

A. Yes.

6

Q. You have told us that you
became aware of an increased number of deaths in
July by virtue I think you said of the nursing staff
raising the matter with you?

10

A. Yes.

11

Q. Who raised the matter of
increased deaths with you?

12

A. By memory it was primarily
Phyllis Trayner and Sue Nelles.

14

Q. Do you recall when that
occurred?

16

A. I believe it was towards the
end of July.

17

Q. Did they raise it with you
together, or did they independently seek you out
to discuss the matter?

20

A. It was raised together.

21

Q. Did they express concern to
you at that time regarding the number of deaths that
were taking place?

24

A. It wasn't so much I think at

25



1

2

that time concern about the number, but the fact
that deaths were occurring and they were questioning
their competence, had they responded quickly enough,
had everything been done for the child, had they
picked up on things.

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. You mentioned as well that
there were discussions, at least I think you said
there were discussions with the two head nurses.
I take it those discussions were separate and
apart from the discussions you just indicated took
place with Ms. Trayner and Ms. Nelles?

A. Yes.

Q. By the two head nurses, are
you referring to Elizabeth Radojewski and Mary
Costello?

A. Yes, I am.

Q. And when did those discussions
take place?

A. They would have been about
the same time, I can't say specifically.

Q. Do you recall who first came
to you to discuss the matter of deaths on Wards 4A/4B?

A. I believe it was the members
of the nursing staff.

THE COMMISSIONER: We are having a



1

2

little difficulty hearing the witness.

3

THE WITNESS: Is that better?

4

MR. OLAH: Yes, much better.

5

THE WITNESS: It may in part be
my position as well, I seem either too tall or too
short.

6

MS. CRONK: Q. You have said,
Ms. Browne, that you think it was the members of
the nursing staff that first came to you as
distinct from the two head nurses?

7

A. Yes.

8

Q. When you refer to members of
the nursing staff are you referring to Ms. Trayner
and Ms. Nelles?

9

A. Primarily, yes.

10

Q. Well, were there other members
of the nursing staff other than those two who came
to you to discuss this matter at the end of July?

11

A. Primarily it was the two of
them, and it was more that I would see them at the
nursing station when I came on in the morning.

12

Q. Do you have any specific
recollection today of any other member of the nursing
staff, apart from the two head nurses, raising this
matter with you at the end of July or the beginning

13

14



1

2

of August, 1980?

3

A. No.

4

5

Q. At the time that Ms. Trayner
and Ms. Nelles came to you were you aware of the
identity of the children who had died on the wards
during the month of July?

6

7

A. I am not sure.

8

9

Q. To help you with that, there
were, we have heard in evidence, five deaths during
the month of July all on Wards 4A/4B. They were
Alan Perreault, Andrew Bilodeau, David Taylor,
Amber Dawson and Lillian Hoos. Do those names
help you to recall whether or not you had previously
been aware of their deaths before Ms. Trayner or
Ms. Nelles came to see you about the matter?

10

11

A. I was aware of the last three
children that you mentioned.

12

13

Q. Do you have any recollection,
Ms. Browne, as to whether the discussion that you
have described between yourself, Ms. Nelles and
Ms. Trayner took place after the deaths of those
five children, or was it in August when there had
been other deaths, more deaths on the ward?

14

15

A. I remember specifically
discussion around the death of Amber Dawson.

16

17



1

2

Q. Do you recall specifically
discussion about the death of any other child?

3

A. Not specifically.

4

Q. Prior to being approached by
Ms. Trayner and Ms. Nelles on the matter, had you
yourself noted an increase in the number of deaths
on the wards?

5

A. No.

6

Q. You told me last Thursday,
as I understood it, that on occasion an arrest if
one had occurred over the evening on Ward 4A/4B
might be brought to your attention by members of
the nursing staff, but then again it might not be;
do I have that correct?

7

A. Yes.

8

Q. Prior to Ms. Trayner and
Ms. Nelles coming to see you about the matter do
you recall any nurse raising with you the death of
Alan Perreault?

9

A. No.

10

Q. The death of Amber Bilodeau?

11

A. No.

12

Q. The death of David Taylor?

13

A. Yes.

14

Q. Who raised the death of David

15



ANGUS, STONEHOUSE & CO. LTD.
TORONTO, ONTARIO

Browne, dr.ex.
(Cronk)

8206

1

2

Taylor?

3

A. I think it perhaps was more
the cardiology staff than it was the nursing staff.

4

Q. Who specifically on the
cardiology staff raised the death of that child
with you?

5

A. I am sorry, I can't remember
specifically.

6

Q. Do you recall what the nature
of the discussion was?

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25



BN.jc
E 1

2 A. I believe the concern was more
3 around the family's reaction and the involvement
4 that I had had with that family.

5 Q. To the best of your recollection,
6 then, it was a member of the cardiology staff as
7 opposed to a member of the nursing staff that
8 raised the matter of that child's death with you?

A. Yes.

9 Q. And you have told us that Miss
10 Trayner and Miss Nelles raised with you the death of
11 Amber Dawson?

A. Yes.

12 Q. Was there discussion amongst you
13 at that time as well with respect to the death of
14 Lillian Hoos?

A. Yes.

15 Q. What were the matters, as best
16 as you can recall them, that were of concern, as you
17 understood it, concerning the death of Amber Dawson?

18 A. The concerns that were raised,
19 and again it was the morning after she had died,
20 and there had been difficulty reaching her mother in
21 the night and her mother had not come in, was due
22 to come in that morning. So it was to pass on
23 information about what had happened and to prepare
24

25



E.2

1

2 me to deal with mum when she came in that morning.

3

4 Q. Did you at the time of your
5 discussion with Miss Trayner and Miss Nelles
6 concerning the death of Amber Dawson, and I take it
7 the other four deaths which had taken place in July?

8

9 A. I do not recall discussing the
10 other four. I recall the three children.

11

12 Q. Is it your recollection at the
13 conclusion of that discussion you had heard voiced
14 a concern over the number of arrests and the number
15 of deaths that were taking place, or was the
16 conversation specific to the death of Amber Dawson?

17

18 A. That conversation was specific
19 to Amber Dawson.

20

21 Q. All right. Well then, could I
22 return to the question I asked you earlier, and that
23 is, when did you first become aware of an increased
24 number of deaths on Wards 4A/4B?

25

26 A. It would have been the end of
27 July.

28

29 Q. And was that in the conversation
30 you have just described with Miss Trayner and Miss
31 Nelles?

32

33 A. Not in the conversation about
34 Amber Dawson.

35

36



E.3

1

2

MR. YOUNG: I am sorry, I did not
hear the witness' answer.

4

5

THE COMMISSIONER: Not in the
conversation with respect to Amber Dawson.

6

7

MR. YOUNG: Thank you.

THE COMMISSIONER: It was the end of

July, yes, all right.

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

MS. CRONK: Q. Was there then,
Ms. Browne, another discussion which took place

between yourself and any member of the Cardiology
staff or the nursing staff at the end of July which
brought home to you that there had been an increased
number of deaths on the ward?

A. It had to do with a discussion
after Lillian Hoos' death with members of the nursing
team and with discussion with the two head nurses.

Q. All right. After Lillian Hoos
died, did a particular member or members of the
nursing team come to you to discuss her death?

A. Again, my memory is Susan and
Phyllis.

Q. Do you recall at that time a
general discussion with respect to all of the deaths
that had occurred in July or was this discussion again
specific to Lillian Hoos?



E.4

1

2 A. At that point I believe the
3 discussion was more around the stress the nursing
4 staff were feeling about deaths.

5

6 Q. What did you understand the
7 nature of the stress to be?

8

9 A. They were feeling overwhelmed
10 and again were questioning their nursing competence;
11 were there things they had missed, were there things
12 they should have picked up on more quickly?

13

14 Q. Did this second conversation
15 with Miss Trayner and Miss Nelles take place between
16 you with each of them privately or was this a joint
17 discussion again amongst the three of you?

18

A. It was a joint discussion.

19

20 Q. Aside from Miss Trayner and Miss
21 Nelles, did any other member of the nursing staff,
22 be it a head nurse or any other member of the nursing
23 team, come to you to discuss any of the deaths which
24 had occurred in July at or about the same time?

25

A. The only other recollection I
have was a more informal gathering of that particular
team to talk about their concerns and how they were
feeling that morning.

26

27 Q. When, as best you can recall it,
28 did that informal gathering take place?

29

30



E.5

1

2 A. It was after the death of
3 Lillian Hoos.

4 Q. Do you have any clear recollection
5 as to how soon after the death of Lillian Hoos it
6 took place?

7 A. I think it was that morning.

8 Q. When you say an informal
9 discussion, do you remember who was present or who
participated in the discussion?

10 A. There were general comments in
11 passing before several of the members went home to
12 sleep. Several of us went down for coffee together.

13 Q. Do you recall ---

14 THE COMMISSIONER: Do you know who ---

15 MS. CRONK: I am sorry, sir?

16 THE COMMISSIONER: No, that is all
17 right, you were just asking my question, so that is
all right.

18 MS. CRONK: Q. Do you recall who went
19 and had coffee and discussed the matter with you? I
20 take it, first of all, that Phyllis Trayner and
21 Susan Nelles were there?

22 A. Yes, and I think Janet Brownless,
but I say that with some hesitation.

23 Q. Do you recall anyone else being
24 present?

25



E.6

1

A. No.

2

Q. Well, to be fair, do you recall
now one way or the other that there was any other
member of the nursing staff present or do you have
a specific recollection that it was only the three
of them and yourself?

3

A. It is hard to be specific.

4

Q. I take it it is possible that
another member or members of the nursing staff could
have been there?

5

A. Yes.

6

Q. Do you recall now, Ms. Browne,
what the concerns were, if any, that were expressed
over the death of Lillian Hoos?

7

A. Not specifically around the
death of Lillian, but more general concerns about
how they had managed from a nursing standpoint.

8

Q. Could you elaborate on that
for me? What were the general concerns that were
expressed to you at that time?

9

A. Again, were their observations
accurate, had they responded quickly enough, had they
called for medical assistance soon enough, was there
something they had missed, had they realized how sick
she was?

10

11



E.7

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. Was the conversation then directed to the conduct of the arrest and the resuscitation efforts that were undertaken with respect to that child?

A. In part.

Q. Did you, as a result of that discussion -- I am sorry, did you, as a result of the discussion which you have told us you first had with Phyllis Trayner and Susan Nelles and your subsequent second discussion with them concerning Lillian Hoos and then the third discussion which you think may have included Janet Brownless, form -- I am sorry.

THE COMMISSIONER: I am sorry, were there two ---

THE WITNESS: Can I add at that time that I think Janet Beed was a part of that breakfast time.

MR. OLAH: Just to assist the Commission and the witness, it will be the evidence that my client was not hired by the Hospital until August the 25th, 1980. That may or may not help this witness, but that is the evidence.

THE WITNESS: Thank you.

THE COMMISSIONER: It sounds like a



E.8

1

2 good question for cross-examination.

3 MS. CRONK: Q. I would like to clarify
4 this, sir, because it was my impression there were
5 three.

6 As I understood what you said, Ms.
7 Browne, and please correct me if I am wrong, towards
8 the end of July, Phyllis Trayner and Susan Nelles
9 came to you and discussed with you at that time the
death of Amber Dawson, correct?

10 A. Correct, yes.

11 Q. Then as I understood your
12 evidence, both of them came to you on a second
13 occasion and discussed with you at that time the
death of Lillian Hoos?

14 A. Yes.

15 Q. And that took place, I believe
16 you said, the morning of her death when you saw
17 them when you came into work?

18 A. Yes.

19 THE COMMISSIONER: That is not the
same as the coffee meeting, I take it?

20 THE WITNESS: It progressed from that
time on the ward to the coffee meeting.

21 THE COMMISSIONER: I see, all right.

22 MS. CRONK: Q. Do I have it correctly then,

23

24

25



E.9

1

2 that in the progression of events that morning
3 there was then an informal discussion over coffee
4 which included yourself, Phyllis Trayner, Susan Nelles
5 and I believe you just suggested Janet Beed?

6

A. Yes.

7

THE COMMISSIONER: She also suggested
Janet Brownless, but ---

8

9

MS. CRONK: Well, I am coming to that,
sir.

10

THE COMMISSIONER: Yes, all right.

11

12

MS. CRONK: Q. I believe you just
suggested that you thought Janet Beed was part of
that discussion as well?

13

14

A. Yes.

15

16

17

18

19

20

Q. And Mr. Olah has assisted the
Commission by pointing out that Janet Brownless, and
we will undoubtedly hear evidence on this matter in
due course, was not hired by the Hospital until
later in August. In light of that information, does
it assist you in your recollection as to whether or
not Janet Brownless was present?

21

22

23

24

25

A. It would certainly say she was
not .

Q. Do you have any recollection
of anyone else being present at that coffee discussion



E.10

1

2 meeting that took place that morning?

3 A. No.

4 Q. Did you, as a result then of those
5 three discussions, personally form the impression
6 that there had been an increase in the number of
7 deaths that had occurred on those two wards?

8 A. Yes.

9 Q. What significance, if any, did
10 you attach to the fact that there had been an increase
in deaths on those wards?

11 A. The significance was that there
12 was indeed increased stress for the nursing staff
13 and concerns about the quality of nursing care.

14 Q. Had you had any direct involve-
15 ment in the care or treatment of any of those five
children who had died in July, Ms. Browne?

16 A. I had had direct involvement
17 more with Amber Dawson's mother, but not in the
18 physical care of Amber.

19 Q. Did you know the clinical
20 circumstances that had applied with respect to any
of those five children?

21 A. Not in detail, but generally, yes.

22 Q. Did you, as a result of the
23 three discussions that you have described, form any
24

25



E.11

1

2 view or reach the observation that the deaths
3 involved had all taken place in the early hours of
4 the morning?

5 A. No.

6 Q. Did you know at what time those
7 children had died?

8 A. Not specifically, no.

9 Q. I take it, however, that inasmuch
10 as Phyllis Trayner and Susan Nelles had raised the
11 matter of Amber Dawson's and Lillian Hoos' death
12 with you that you knew at that stage that those
deaths at least had taken place on the night shift?

13 A. That is correct.

14 Q. And with respect to those other
15 deaths that were discussed in July, was there any
16 specific discussion as to the nurses who had been
present on the ward at the time of the death?

17 A. Not that I recall.

18 Q. Did you understand that Phyllis
19 Trayner and Susan Nelles had been present at the
time of the deaths of any of those children?

20 A. I do not believe so.

21 Q. May I ask you then, Ms. Browne,
22 what, if anything, did you do as a result of the
23 discussions which took place at the end of July?

24

25



E.12

1

2

A. I had discussions with the two

3 head nurses.

4

Q. When did they take place, as best

5

as you can recall it?

6

A. The end of July is as specific

7

as I can be.

8

Q. Did you seek out the head nurses

9

for the purpose of discussing this matter?

10

A. Seek out as much as we work in

11

the same environment. It was not a specific meeting

12

as such.

13

THE COMMISSIONER: No, but did you

raise it or did they raise it?

14

THE WITNESS: I believe I raised it in

15

that that was my concern in passing, but it certainly

16

was not new knowledge to them.

17

MS. CRONK: Q. You were then of the

impression when you spoke of the matter with them

18

that they too were aware that there had been an

increased number of deaths on the wards?

19

A. Yes.

20

Q. And what were the nature of the

21

matters discussed by you with them?

22

A. It was more around the stress

23

for the nursing staff again and how to help them look

24

25



E.13

1

2 at their nursing actions and feel comfortable with
3 what they were doing.

4

5 deaths that had taken place in July on the ward as
6 being unusually high in your experience?

7

A. Not in my experience, no.

8

9 nurses express any concern to you regarding the
number of deaths that had occurred?

10

11

A. Only that there seemed to be an
increase.

12

Q. Did you form ---

13

14 THE COMMISSIONER: Was stress the --
was that the increase or was there some distress
other than the increase?

15

16

THE WITNESS: The increase in deaths
you mean?

17

18

19 THE COMMISSIONER: Yes. Well, the
stress that you talk about, this stress or distress,
I am not sure which it is, but what is it, is it
something that they are suffering other than the
deaths or is it just the deaths that is causing this
stress?

22

23

THE WITNESS: Can I speak from opinion?

24

THE COMMISSIONER: Well, opinion

25



E.14

1

2 surely is based upon something they said.

3 THE WITNESS: Well, there seemed to be
4 an increased stress level on the ward after the move
5 from 5 to 4A/B, and I think part of that was related
6 to a changeover in nursing staff, that some of the
7 more senior nursing staff had left, so that we had
8 new nursing staff and we had inexperienced nursing
staff.

9 THE COMMISSIONER: Well, that is
10 something apart from the deaths, I take it, is it not?

11 THE WITNESS: Yes.

12 THE COMMISSIONER: It is not the deaths
13 you are talking about that is causing either the
14 stress or the distress or whatever it is; it is
15 something to do with the working conditions, is that it?

16 THE WITNESS: The working conditions
17 and the deaths added to that stress, increased their
stress level.

18 THE COMMISSIONER: Yes, all right.

19 MS. CRONK: Q. As a result of your
20 discussion with the two head nurses concerning this
21 matter, Ms. Browne, was it determined either by you
or by them that any further action should be taken?

22 A. The head nurses decided to meet
23 with the staff about their concerns, and I believe if
24

25



E.15

1

2 you refer to the Communication Book, there is
3 documentation there of a meeting held early in
4 August and a meeting the end of July on 4A.

5

6 Q. Well, I will come to those
7 meetings in a moment, but for present purposes did
8 you, as a result of those various discussions in
9 which you took part, determine or decide to take any
further action with respect to the matters that had
been raised?

10

A. I do not believe so.

11

Q. Did you have occasion to raise
12 the matter with any of the cardiologists who were
13 assigned and active on duty on Wards 4A and 4B?

14

A. I do not believe so at that time.

15

Q. Did you subsequently?

16

A. Yes.

17

Q. When did that occur and which
cardiologist did you raise the matter with?

18

A. I recall that the middle of
19 August, and I raised it with Dr. Freedom who was on
service at that time. I found Dr. Freedom to be very
20 approachable, and because of his responsibilities
with pathology as well, he was a good one to approach
21 about post mortem results, and I felt the nursing
22 staff needed medical feedback.

23

24

25



E.16

1

2 Q. You said that you feel that
3 conversation took place in the middle of August?

4 A. Yes.

5 Q. Was there anything in particular
6 that had occurred that caused you to raise the matter
7 with Dr. Freedom at that time as opposed to earlier
8 at the end of July when it had originally been brought
9 to your attention?

10 A. I think it was related to
11 subsequent deaths.

12 Q. Well, we have heard in evidence,
13 Ms. Browne, that there were five more deaths on those
14 wards in August of 1980, that of Philip Turner, Dion
15 Shrum, Kelly Monteith, Paul Murphy and Antonio
16 Velasquez. Does hearing the names help you in any way
17 in recalling what the specific impetus was for you to
18 raise the matter with Dr. Freedom?

19 A. I do not think it was specific
20 to any children, but again related to the stress
21 of our nursing staff.

22 Q. Well, after the discussions
23 that you had at the end of July with Miss Trayner and
24 Miss Nelles and with the two head nurses, did any
25 member of the nursing staff again now in the month of
August, 1980, raise the matter of deaths on those
wards with you?



E.17

1

2 A. Yes.

3 Q. When did that take place?

4 A. Again, it was morning time, and
5 I would say the middle of August.

6 Q. Do you recall which nurses then
7 raised the matter with you?

8 A. I believe the issue was raised
9 with Phyllis Trayner and Susan Nelles, with that team
10 of nurses, as well as with Bertha Bell, who was the
11 supporting team on 4B's side.

12 THE COMMISSIONER: It is not terribly
13 helpful when you say "I believe the issue was raised
14 with", because that does not tell me who said what to
15 whom. Have you any recollection as to whether you
16 said something to them or whether they said something
17 to you and who spoke; have you any recollection like
18 that, because if you are just saying I believe it
19 was raised, that could be that somebody had told you
20 or it could be something that you observed. Can you
21 not help us by being more precise?

22

23

24

25



F/BB/ko

1

2 THE WITNESS: I will try.

3

THE COMMISSIONER: Yes, all right.

4

THE WITNESS: I do want to be accurate,
5 it is difficult going back that period of time.

6

THE COMMISSIONER: Well, I know, but
it is not a question of whether you are being accurate
or not, it is a question of whether you are being
precise with your language so that I know what did
happen and what you do know. So, you tell me if you
don't remember who it was, then I want to know that
and I want to know also if you think it was somebody,
I want to know if you think somebody spoke to you or
you spoke to somebody, if you have any such
recollection. If you just give me sort of a general,
I think it was raised, that doesn't tell me who raised
it and it doesn't particularly tell me even who it was,
if you speak of two, because normally one person would
speak to you but if the two of them were there, if you
have any precise recollection I would like you to tell
us. All right, can you try that?

13

14

15

16

17

18

19

20

21

22

23

24

25

THE WITNESS: Yes, I will.

THE COMMISSIONER: Yes, all right.

THE WITNESS: Would you re-phrase it?

MS. CRONK: Q. To help you, Ms. Browne,
if we can come back to it. You have told me that in the



1

2 middle of August you raised with Dr. Freedom the issue
3 of some of the deaths that had been taking place on
4 these two wards.

5 A. Yes.

6 Q. And I asked you whether there
7 was a particular impetus that caused you to raise the
8 matter with him at that time instead of at the end of
9 July when the matter had originally been brought to
10 your attention and I believe you told me that again
11 the matter was raised with you by members of the
12 nursing staff some time in the middle of August. Do
I have that correctly?

13 A. Right, yes.

14 Q. All right. Who specifically
15 raised the matter with you as best as you can recall
16 it in mid-August, what members of the nursing staff?

17 A. Specifically Phyllis Trayner and
18 Susan Nelles and Bertha Bell.

19 Q. All right. And what was raised
20 with you at that time?

21 A. Again it was concerns about
22 deaths and about their nursing abilities.

23 Q. Did Bertha Bell, as you under-
24 stood it, share the concerns regarding the nursing
25 abilities of the various nursing staff members on those



1

3 2 two wards?

3 A. Yes.

4 Q. All right. Did she express
5 concern as well as to the number of deaths that had
6 been occurring?

7 A. I don't recall that specifically.

8 Q. All right. What specifically
did you raise with Dr. Freedom?

9 A. I asked him to speak with the
10 nursing staff about post mortem results, to let the
11 nursing staff know what had gone on from a medical
12 standpoint and to let the nursing staff know if there
13 were things that they hadn't done that they should
14 have or things that hadn't been picked up on so that
15 they might understand whether their efforts indeed
16 could have been successful or was it related to the
17 child's cardiac anomaly that the events transpired
as they did.

18 Q. Had someone expressed the view
19 to you that these deaths might be attributable to the
cardiac anomalies from which the patients suffered?

20 A. Yes.

21 Q. Do you recall who suggested that
22 to you?

23 A. Again may I refer to the

24

25



1

4 2 communication book?

3 Q. Yes, if you would like to.

4 A. And under 4A communication book
5 there was a documentation, I believe it was around the
6 5th of August.

7 Q. All right, to help you with that
8 if you could turn to the 4A Ward meeting book, the
9 second of the two, it appears at the very last tab in
the bound volume of Exhibit 300.

10 A. Yes.

11 Q. An entry on August 5, 1980.

12 A. Yes.

13 Q. Is that the entry to which you
were referring?

14 THE COMMISSIONER: I am sorry, what
15 page?

16 MS. CRONK: I am sorry, sir. I think
17 you have the 4B meeting book there. This is the 4A
18 meeting book, it is the last tab in your books, sir.

19 THE COMMISSIONER: All right.

20 MS. CRONK: And it is the date entry
for August 5th, 1980.

21 THE COMMISSIONER: Yes, all right.

22 MS. CRONK: Q. Is that the entry to
which you were referring?

23

24

25



1

5

2 A. No.

3 Q. Well, may we stop there for a
4 moment. There is an entry on August 5th indicating
5 that there was a discussion regarding personal team
6 problems re arrests, causes of deaths, the entry
7 beside the date reads "Phyllis, Sue Nelles and Sui".
8 Do I take that correctly to refer to Sui Scott?

9 A. Yes.

10 Q. And to Phyllis Trayner?

11 A. Yes.

12 Q. Do you know whose entry this is?

13 A. The initial writing August 5th,
14 '80 appears to be Liz Radojewski's writing. The
15 description that follows I can't recognize.

16 Q. Do you know what the entry
17 refers to, Ms. Browne?

18 A. Yes, I do.

19 Q. Could you explain that for us,
20 please?

21 A. There were conflicts within the
22 nursing team that seemed to be heightened by the stress
23 of activities on the ward and, specifics, the deaths
24 on the ward and I knew that there were meetings held
25 with members of the team with the head nurse to work
those problems out.



6

1

2

3

Q. What were the nature of the
conflicts insofar as you were aware?

4

5

6

7

8

A. I think it in part had to do with
the team learning to work together, learning to trust
one another. I think when staff are under stress often
people's way of dealing with that is in an over anxious
way to either take over for another or imply that the
other is not capable of doing that.

9

10

Q. Was this a new team that had been
put together?

11

12

A. I think more newly together since
the move from the 5th floor to the 4th floor.

13

Q. And what team specifically are
you referring to?

14

A. I am referring to the team on 4A,
Phyllis Trayner.

15

16

Q. And I take it both Sue Nelles and
Sui Scott were members of that team?

17

18

A. That is correct.

19

20

Q. All right. Do you have any understanding or information as to the nature of the matters discussed regarding the cause of death of some of the children who had died prior to August 5th?

21

22

A. No, I don't.

23

24

25

Q. Do you know what the concern was



1

F 7 2 or what the discussion was concerning the arrest that
3 had taken place?

4 A. I assumed that it was a similar
5 discussion to what I had had with the nursing staff but
6 because I wasn't there I really can't comment.

7 Q. All right.

8 A. Can I go back to your previous
9 question?

10 Q. Yes.

11 A. In terms of the reason for the
12 deaths. There is a documentation, and I think it is
13 in the 4A communication book made by Mary Costello
14 and that she had spoken with Dr. Rowe and that he had
15 communicated to her that the reason for the deaths of
16 the babies were anatomical reasons, that it was
17 related to their heart problem rather than concerns
18 around the care that was given.

19 Q. Well, if we could turn up that
20 entry.

21 MS. CHOWN: Mr. Commissioner, I
22 believe that might be the one referred to on the page
23 number at the top which is 5 and the date 5/8.

24 THE COMMISSIONER: I am having trouble.
25 Page 5 numbered at the top?

26 MS. CHOWN: 4A communications section.



1

F 8

2

THE WITNESS: Thank you.

3

THE COMMISSIONER: July 31st - oh, no.

4

MS. CHOWN: July 31/80 is at the top
and at the bottom there appears to be, the very bottom
entry on that page 5/8 at the left-hand side.

5

MS. CRONK: I am sorry, Ms. Chown,
what page was that?

6

THE COMMISSIONER: Page 5, the first
tab.

7

THE WITNESS: It is also page 5 for
you Ms. Cronk I believe.

8

MS. CHOWN: Yes, both the small number
and the large number is 5 and at the bottom there is
a comment starting "Dr. Rowe commented that the
recent deaths were all because of anatomy that could
not be fixed".

9

MS. CRONK: All right, thank you.

10

Q. Is that the note that you were
referring to?

11

A. Yes.

12

Q. And whose note was that?

13

A. That was written by Mary
Costello.

14

Q. And there is also a discussion
reported in the communications book dated July 31,

15

16



1

F 9 2 1980 with respect to what are described as the recent
3 deaths and then there is a discussion concerning
4 Andrew Bilodeau, Amber - I take that to be Amber
5 Dawson?

6

A. Yes.

7

Q. And as well Lillian Hoos?

8

A. Yes.

9

Q. All right. Could I return for
a moment, Ms. Browne, to your own discussion with
Dr. Freedom which took place in mid-August of 1980?

10

A. Yes.

11

Q. What did you understand was to
happen as a result of that discussion if anything?

12

A. That he would meet with the
nursing staff to talk about his knowledge of the post
mortem results and what had happened with the children.

13

Q. Did Dr. Freedom express any
concern to you during the course of your discussion
with the number of deaths that were occurring on the
wards?

14

A. Not specifically.

15

Q. All right. Did the numbers them-
selves serve as a source of concern for you at that
time?

16

A. I don't believe so, no.

17

18



1

F 10 2

Q. Other than Dr. Freedom, did you raise the matter of the increased number of deaths on the wards or the arrests that had taken place with any other member of the cardiology staff during the month of August, 1980?

6

7

8

9

10

11

12

A. The end of August I spoke with Dr. Rowe. I meet with him on a regular basis and was going on vacation the 5th of September and I always met with him before I went away and at that point in time discussed more stress on nursing staff rather than specifics of increased deaths.

13

14

Q. What was your purpose in raising the matter with Dr. Rowe?

15

16

17

18

A. To increase his awareness of nursing stress on the ward.

19

20

21

Q. And did you at the same time relay to Dr. Rowe the discussions that you had had with the various members of the nursing staff that you have outlined?

22

23

24

25

A. To some extent.

Q. To the best of your recollection you think this discussion took place at the end of August?

A. Yes.

Q. What did you understand was to



F 11

1
2 happen, if anything, as a result of your discussion
3 with Dr. Rowe?

4 A. That there would be a meeting
5 between the cardiology staff and the nursing staff
6 the early part of September.

7 Q. For what purpose?

8 A. To review those concerns and
9 update nurses on specific events related to the
children that had died.

10 Q. By the time that you saw
11 Dr. Rowe at the end of August with respect to this
12 matter, Ms. Browne, did you have a conscious view,
13 as best as you can recall it, that there had been as
14 many as 10 deaths on these two wards during those
two months?

15 A. I don't think at a conscious
16 level, no.

17 Q. Did you know at that stage
18 anything other than the fact that there was an
19 increased number of deaths that a number of arrests
20 had occurred which had given rise to concern amongst
a number of the nurses?

21 A. I didn't know more than that.

22 Q. All right. You had by that time,
23 that is, by the time of raising the matter with Dr. Rowe,

24
25



1

F 12 2 had a number of discussions with Phyllis Trayner,
3 Susan Nelles and on at least one occasion with Bertha
4 Bell. Do I have that correctly?

5 A. Yes.

6 Q. By the time of discussing the
7 matter with Dr. Rowe had you reached or made the
8 observation that these arrests were occurring for the
main part during the early hours of the morning?

9 A. I don't think that was discussed.

10 Q. All right. Well, I am not
11 asking what was discussed, Ms. Browne, I want to know
12 whether in your own mind you had formed or made the
13 observation the majority of these deaths were
occurring during the early hours of the morning?

14 A. I would say some because I wasn't
15 aware of the details of some of the deaths.

16 Q. Well, correct me if I am wrong,
17 Ms. Browne, but Phyllis Trayner and Susan Nelles were
18 the ones who were raising with you on a number of
19 occasions, as you have described it to us, and at
least three or four occasions during those two months
20 the arrests per se, were they not?

21 A. Yes.

22 Q. All right. And did you know at
23 that time that that team was working the night shift

24

25



1

F 13 2 in the hospital once every two weeks as they were the
3 day shift?

4 A. Yes.

5 Q. And these discussions took place,
6 I believe you have told us, in the morning when you
7 came in to work?

8 A. That is correct.

9 Q. Does it follow from that that
10 you knew these deaths were occurring at least at night?

11 A. The specific deaths we have
12 discussed, yes.

13 Q. Did you as well by the time of
14 speaking to Dr. Rowe form the impression or did you
15 have a conscious recognition as best as you can recall
16 it that many of these deaths were occurring in the
17 presence of some of the same members of the same
18 nursing team?

19 A. I did have that knowledge. I
20 don't believe that was specifically part of what was
21 discussed.

22 Q. Was that a matter, as best as
23 you can recall it, that you raised with Dr. Rowe?

24 A. Which matter?

25 Q. The matter that many of these
deaths were occurring on the night shift in the



F 14

1

2 presence of some of the members of the same nursing
3 team?

4 A. I have trouble saying specifically.
5

6 Q. You don't recall one way or the
7 other?

8 A. No.

9 Q. Was it a matter to which you
10 attached any significance?

11 A. In terms of the stress for those
12 particular team members, yes.

13 Q. And was that a matter that you raised
14 with Dr. Rowe, the stress for those particular
15 team members?

16 A. I believe so.

17 Q. Was that a matter that you raised
18 with Dr. Freedom as well?

19 A. I believe so in that I asked him
20 to speak about certain deaths of certain children to a
21 specific team, yes.

22 Q. All right. Do you recall which
23 deaths you specifically asked him to discuss with the
24 nursing staff?

25 A. The three in question in July I
asked him to speak about. Could you refresh me on the



1

F 15

2 children in August?

3 Q. Yes, there were five deaths in
4 August: Philip Turner, Dion Shrum, Kelly Monteith,
5 Paul Murphy and Antonio Velasquez.

6 A. Paul Murphy was the only child
7 that I had specific contact with in August.

8 Q. Was that a death that you raised
9 as well specifically with Dr. Rowe?

10 A. That death was an expected death,
11 Paul had been with us for a long time and had been sick
12 for a long time. So, I think it wasn't so much
13 discussion around Paul.

14 Q. Did you as a result of any of
15 these discussions that took place, Ms. Browne, yourself
16 consider the medical records of these children or
17 discuss the matter with any of the cardiologists with
18 the view to understanding the circumstances under which
19 they had died?

20 A. Not in specifics, no.

21 Q. All right. Was there in any of
22 these discussions concern expressed as best as you can
23 recall it that any of those children had died at a
24 time when they were not expected to die?

25 A. David Taylor is the only one
26 that comes to mind.



F 16

1

2

Q. All right. And who expressed
that concern as best as you can recall it?

4

A. I believe it was the cardiologist.

5

Q. Well, the cardiologist includes
a vast number of people. Do you have any specific
recollection as to who indicated that to you?

7

THE COMMISSIONER: I take it, are we
talking now about conversations pre-meeting or are we
talking about the conversations - you weren't at this
meeting I take it?

11

THE WITNESS: No.

12

MS. CRONK: I am talking before the
end of August, sir.

13

THE COMMISSIONER: Yes, all right.

14

MS. CRONK: Q. Do you recall a
cardiologist or cardiologists suggesting to you during
the month of July or August that the timing of David
Taylor's death was unexpected?

18

A. The discussion I recall was in
around following his death and it was a general
discussion in the conference room, it was their
general cath round and there was some general
discussion about David Taylor.

22

23

Q. Did part of the general
discussion include the expression of the view that the

24

25



1

F 17 2 timing of his death had been unexpected or earlier than
3 might have been thought?

4 A. I think it was looking at the
5 occurrence in light of his heart defect.

6 Q. Well, I am sorry, Ms. Browne, I
7 still don't understand. Can I put the question to you
a different way?

8 A. Yes.

9 Q. I thought you had told me that a
10 cardiologist, as best as you could recall it, expressed
11 the view to you that David Taylor had died at an
12 unexpected time. Do I have that correctly?

13 A. Yes.

14

15

16

- - - -

17

18

19

20

21

22

23

24

25



1

2

DM/ak

Q. Who suggested that to you

3 and when?

4

A. Again I believe it came out
5 of discussion in one of the morning rounds and I
6 can't remember specifically what doctor.

7

THE COMMISSIONER: Was it a doctor,
8 or was it a nurse, or who was it?

9

THE WITNESS: It was a cardiologist
or a Cardiology Fellow.

10

11

12

13

14

MS. CRONK: Q. Were any other
concerns expressed during that round, as you can
recall it, with respect to the death of David Taylor,
other than a concern with respect to the timing of
his death?

15

A. No.

16

17

18

19

20

21

22

23

24

25

Q. In all of those discussions
which you have described which took place over
those two months, Ms. Browne, prior to meeting with
Dr. Rowe, had anyone raised with you a concern over
the actual cause of death of any of the children
that had died in those two months other than the
nursing staff?

A. The nursing staff were raising
questions about what was happening.

Q. I understood you to say that



Browne, dr.ex.
(Cronk)

G2

1

2

3

4

5

the nursing staff was raising questions as to their performance and the competence of the nursing care that was being provided during the time of arrest and resuscitation, do I have that correct?

6

A. Yes.

7

8

9

Q. Did any member of the nursing staff raise concerns with you specifically as to why any of these children had died?

10

11

12

A. That was part of their questioning; why had they died and why had their resuscitation efforts not been successful to at least get the children to Intensive Care.

13

14

15

16

Q. Did any member of the cardiology staff or the medical staff, as best as you can recall it, raise with you any questions over the cause of death of any of these children?

17

18

19

20

21

22

A. Not that I recall.

Q. Now, we have heard in evidence --

THE COMMISSIONER: I am sorry, what was this about David Taylor, what was that? You brought that up, you said somebody, some cardiologist mentioned something about the timing of his death, did you not say that?

THE WITNESS: Yes, I did.

THE COMMISSIONER: Isn't that then

23

24

25



Browne, dr.ex.
(Cronk)

G3

1

2

3

in answer to Miss Cronk's question somebody raising,
some doctor raising the question about the death?

4

THE WITNESS: True.

5

6

7

8

9

THE COMMISSIONER: Was there any
other doctor that raised any other question of any
nature in relation to any of these children as to
whether they were dying too soon, or unexpectedly
or anything of that nature?

10

THE WITNESS: Not specifically.

11

THE COMMISSIONER: I don't know
what "not specifically" means.

12

13

THE WITNESS: No, may I try and
clarify then?

14

THE COMMISSIONER: Yes, all right.

15

16

17

18

19

20

21

22

23

24

25

THE WITNESS: Sitting in on a
number of rounds and in both formal and informal
discussions whenever there was a death there indeed
was discussion about what was picked up either in
terms of cath or in their physical findings of the
child from the ECG. A real questioning about had
their diagnosis prior to the death of the child been
accurate, and they would relate that to post mortem
findings, was this something that had been missed.
So there always was a general questioning of the
care that had been given and their diagnosis.



G4

1

2

3

4

5

THE COMMISSIONER: Are we talking

about these post mortem conferences that the doctors had every morning, I have forgotten, it was so long ago now, were you present at any of these?

6

7

8

MS. CRONK: We are still talking, sir, prior to the end of August, so those meetings don't arise yet.

9

10

THE COMMISSIONER: No, I am not talking about those meetings, I am talking about the regular meetings the doctors had.

11

12

THE WITNESS: Are you meaning pathology?

13

THE COMMISSIONER: Pardon?

14

15

THE WITNESS: Are you meaning pathology rounds?

16

THE COMMISSIONER: No.

17

THE WITNESS: No.

18

THE COMMISSIONER: I thought they were regular meetings of --

19

20

MS. CRONK: General rounds of the cardiology staff.

21

22

THE COMMISSIONER: No, I have forgotten what it was, was it every Monday?

23

24

MS. CRONK: Every Monday, sir, as I recall it.

25



G5

1

2

3 THE COMMISSIONER: Were you present
4 on any of those?

5

THE WITNESS: For some.

6

7 THE COMMISSIONER: Is that what you
8 are talking about when discussions took place?

9

10 THE WITNESS: Generally, but there
11 also would be discussions on the ward between the
12 staff cardiologists, the Cardiology Fellow and the
13 residents which I could be part of as well.

14

15

16

17

18

19

20

21

22

23

24

25

MS. CRONK: Q. The discussion I
take it that you specifically recall with respect
to David Taylor however occurred during rounds after
his death?

A. Yes.

Q. And that is weekly rounds, do
I have that correctly?

A. No, that is a morning round,
a morning cath round when all of the cardiology
medical staff gather.

19

20

21

22

23

24

25

Q. And that was a concern expressed
regarding the timing of that child's death?

A. Yes.

Q. Was there not concern expressed
as well by the nursing staff as to the cause of
Amber Dawson's death?



G6

1

2

A. Yes.

3

4

Q. Could I ask you to refer
again to page 5 if you would of the Ward 4A
communications book and the entry under July 31st,
1980. You see the second paragraph:

5

"Re recent death"?

6

A. Yes.

7

Q. That entry suggests, does it
not, that there was an element of surprise with
respect to the death of Amber Dawson?

8

A. Yes.

9

10

Q. And that the cause of her
death was still unknown?

11

A. Yes.

12

THE COMMISSIONER: What is the

13

first word there, Miss Browne: "recent death..."
is it "news of cause"?

14

THE WITNESS: It looks like "news".

15

THE COMMISSIONER: "Is still
unknown".

16

17

MS. CRONK: Q. Am I reading that
correctly, Ms. Browne:

18

"Post mortem was done yesterday will
get more info later but it seems there
is an element of surprise re her

19

20

21

22

23

24

25



1

2

"cause of death."

3

A. Yes

4

Q. If we turn immediately to the
next page, there is an entry under August 8, 1980
again concerning Amber Dawson. The entry this time
is:

5

"Post mortem showed...."

6

Is that: "abscess on diaphram"?

7

A. As I read it.

8

Q. "The coroner has told mum about
them."

9

Is that correct?

10

A. Or about this?

11

Q. And that:

12

"It will be difficult to diagnose
even with an x-ray."

13

A. Yes.

14

Q. "A full report is to follow
in two months' time."

15

A. Yes.

16

Q. Other than the death of
Amber Dawson and other than the concern expressed
by the cardiologist on rounds concerning the timing
of David Taylor's death, as best as you can recall
it, did any member of the nursing staff during those

17

18



Browne, dr.ex.
(Cronk)

G8

1

2

two months raise with you a concern specific to one
of these children suggesting that there was some
element of surprise in the death of any of those
children?

6

A. Not that I recall.

7

Q. Similarly, did any member of
the nursing staff raise with you at any time over
those two months, leaving aside David Taylor and
Amber Dawson, raise with you the suggestion that the
timing of the deaths of any of the children who died
during those two months was unexpected?

12

A. No.

13

Q. Did you have the impression,
Ms. Brown at the end of that summer, at the end of
August, that there was a very real concern amongst
the nursing staff; first that there was an increased
number of deaths and that there was a degree of
puzzlement as to why so many deaths were occurring?

18

A. Yes.

19

Q. Was that concern coupled as
well with a concern by the nurses themselves as to
the standard of performance which they were achieving
in these stressful situations of resuscitation efforts?

23

A. Yes.

24

Q. We have heard, Ms. Browne, from

25



G9

1
2 other witnesses that there were a serious of mortality
3 conferences which were planned and indeed held in
4 September of 1980 at the Hospital. It was intended,
5 we have heard from Dr. Rowe, that nurses from the
6 Cardiology Wards should attend this meeting. The
7 first meeting took place on September 5th, 1980
8 and the second on September 26th, 1980, were you
9 in attendance at either of those meetings?

10 A. No.

11 Q. Were you invited to attend
12 either meeting as best you can recall?

13 A. Yes.

14 Q. Why then were you not in
15 attendance?

16 A. I was away for the September
17 5th meeting. For September 26th I don't know why
18 I wasn't there. I may indeed have been covering some
19 of the children on the wards so that nursing staff
20 could attend.

21 Q. What did you understand the
22 purpose of those meetings to be?

23 A. To discuss what had happened
24 with the children who had died on the ward and to
25 look collectively, both medically and nursing at
what had been done.



G10

1

2

3

Q. What did you understand the
outcome of those two meetings to be?

4

5

6

7

A. Clarification for the nursing
staff about cause of death and the events surrounding
the death and there was also a suggestion about a
need for an intermediate care unit.

8

9

THE COMMISSIONER: I'm sorry, there
was also a suggestion of --

10

11

THE WITNESS: A need for an
intermediate Intensive Care Unit.

12

13

THE COMMISSIONER: Oh, an intermediate
Intensive Care Unit, yes.

14

15

16

17

18

MS. CRONK: Q. After September 26th,
when that second meeting took place, Ms. Browne, did
any member of the nursing staff again raise with you,
be it in the month of September, the month of
October, through until Christmas, again raise the
issue with you of the number of deaths that were
taking place on those wards?

19

A. It occurred periodically.

20

21

22

Q. Do you recall when after the
meeting of September 26th the matter was first
raised with you again?

23

A. No.

24

Q. Do you recall who raised it

25



1

2

G11 with you again during the fall of 1980?

3

A. No.

4

5

Q. Do you have any specific
recollection of having discussed the matter of
increased deaths on those wards with any specific
members of the nursing team during the fall?

6

7

8

9

10

11

12

A. I recall it and again the
communication book refreshed my memory, I do recall
a meeting that was held on October 23rd, I believe,
that looked at stresses, looked at deaths and
raised the concern for some psychiatric involvement
to help staff deal with stress.

13

14

15

Q. Could I ask you to turn to
the Ward 4A meeting book and again it is under the
last tab in your bound volume?

16

A. Yes.

17

18

19

20

Q. The page in which I am
interested in for the moment is the same one that
we looked at a few moments ago, the first date
entry is August 5th, 1980, but immediately below
that is the date entry for October 23rd, 1980.

21

A. Yes.

22

23

24

Q. Does that entry beside the
date October 23rd, 1980 reflect the meeting that
you just spoke of that occurred on October 23rd?

25



1

2

A. Yes.

3

4

Q. And you I take it were personally present at that meeting?

5

A. Yes.

6

Q. As was Janet Beed?

7

A. Yes.

8

Q. And the indication in the ward meeting book is that one Mary Cooney; and one Phyllis, and I take that to be Phyllis Trayner, is that correct?

11

A. Yes.

12

13

Q. One Gloria, do you know who that is?

14

A. ·Gloria Ganassin.

15

Q. And one Jane?

16

A. Jane Partridge.

17

Q. Were also present at the meeting?

18

A. Yes.

19

Q. Along with 4B staff?

20

A. Yes.

21

Q. Would I correctly take that to be the 4B nursing staff?

23

A. Yes.

24

Q. Can you help me again as to

25



1

2

G13 what the purpose of this meeting was?

3

4 A. It was to talk about nursing,
handling of stress on the ward in a general way.
5 It was to talk, I believe about staffing, their
6 concerns around - can I refer to it, is that all
7 right?

8

Q. Of course.

9

10 A. Their frustrations in terms of
being able to have any time on ward time to talk
about their concerns. Their anxieties, and that is
11 why this particular meeting had happened in the
12 evening.

13

14 Q. I am sorry, this was an
evening meeting?

15

16 A. It was. So the suggestion
was made to have breakfast meetings or to have
meeting times outside of staff time because the
17 staff found that to try to get meetings was difficult
with their patient assignments and that it was
18 difficult to get into issues with their concerns
around what was happening to their patients at that
time.

22

23 Q. There is mention also made in
the first paragraph, Ms. Browne, of concern being
24 expressed regarding increasing fatigue particularly

25



Browne, dr.ex.
(Cronk)

G14

1

2

3

4

emotional fatigue. Do you recall now why it was
felt there was increasing emotional fatigue amongst
the members of the nursing staff?

5

6

7

A. I believe it was related to
deaths on the ward, as well as just an increased
intensity in terms of nursing care.

8

9

Q. With respect to the arrests,
was that fatigue perceived to be a consequence of
the number of arrests that were occurring?

10

A. In part.

11

12

Q. And as well you have suggested
an intensified need for nursing care?

13

A. Yes.

14

15

Q. Why was there an intensified
need for nursing care at that particular period of
time as opposed to any other on those two wards?

16

17

18

19

20

21

22

23

24

25

A. I don't think it was
particular to that point in time. It was an
accumulation that there were more babies on the
ward needing more constant care, if you will, or
shared care. So that the overall stress level was
greater on the ward. And because children were
requiring more intense nursing care it meant that
they were functioning with more relief staff which
makes it more difficult for regular staff as well.



G15

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. There is mention as well under the October 23rd meeting, at the top of the right hand side of the page, that there were feelings of frustrations with regard to the arrests being verbalized and discussed. What frustrations were discussed at that meeting specific to the arrests which were occurring on all.

THE COMMISSIONER: I'm sorry, where is this?

MS. CRONK: I'm sorry, sir, the top right hand side of the page.

THE COMMISSIONER: I have got that, but it says "feelings of frustration concerning complications". Am I reading the right page?

MS. CRONK: No, I don't believe so, sir.

THE COMMISSIONER: August 13th, 1980?

MS. THOMSON: Down two lines, Mr. Commissioner.

MS. CRONK: October 23, 1980, sir, the top right hand side of the page, the second full paragraph:

"Feelings and frustrations with regard to arrest."



1

2

THE COMMISSIONER: Oh yes, I see.

3

Thank you.

4

5

MS. CRONK: Q. "...were verbalized
and discussed."

6

Do you see that, Ms. Browne?

7

A. Yes, I do.

8

9

10

Q. Can you help me please as to
what the frustrations were that were identified at
that meeting concerning the arrests which had been
occurring on those two wards?

11

12

13

A. The frustration was that in
spite of their attempts at resuscitation that the
children had not survived.

14

15

16

Q. And was it perceived that that
was continuing to be the case notwithstanding the
meetings and the discussions that had taken place
at the two mortality meetings in September?

17

18

19

20

21

A. Yes.

Q. Was there still a concern
on the part of nursing staff at that time, that is
October 23rd, 1980, as to the number of deaths that
were occurring?

22

23

24

A. Yes.

Q. Was there still a concern at
that time as to the role that they were playing

25



Browne, dr.ex.
(Cronk)

1

2

G17 during the resuscitation efforts?

3

A. Yes.

4

Q. Was there, to the best of your knowledge, any concern expressed at that time as to the timing of those deaths, that is many of the deaths appeared to be happening in the early hours of the morning.

5

6

A. I don't recall that specifically.

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. Do you recall any concern being expressed at that meeting, or at any other time in October of 1980, that many of the deaths

appeared to be happening when members of the same nursing team were on duty?

A. I don't remember that.

Q. Was that something which struck you in October of 1980?

A. I don't recall that.

MS. CRONK: Mr. Commissioner, can we take our break now, please?

THE COMMISSIONER: Yes. Yes, all right, 20 minutes.

---Short recess.



H
BN/cr

1

2 ---On resuming.

3

THE COMMISSIONER: Yes, all right,
4 Ms. Cronk.

5

MS. CRONK: Q. Thank you. Ms.
6 Browne, could I ask you to turn to the Ward 4B
7 meeting book. That is the separate hand out. It
is not part of the bound volume. I am interested
8 in an entry on page 7.

9

10

THE COMMISSIONER: Sorry, which
exhibit is this?

11

MS. CRONK: It is Exhibit 301, sir.

12

THE COMMISSIONER: Page 7?

13

MS. CRONK: Yes.

14

Q. Do you have that, Ms. Browne?

A. Yes.

15

16

Q. We were talking before the
break, you will recall, about a meeting that
took place on October 23rd, 1980 which you attended?

17

A. Yes.

18

19

Q. And various concerns were
expressed by members of the nursing staff. This
entry in the Ward 4B meeting book appears to have
been made on October 22nd, 1980, and I am interested,
first, in the first paragraph of the entry which
appears to read:

20

21

22

23

24

25



Browne, dr.ex.
(Cronk)

1

2

"Talking about arrest on Sunday,
October 19th at 1600 hours."

4

5

6

7

Stopping there for a moment, the evidence led
before the Commission indicates that Antonio
Adamo died on October 19th on Wards 4A/4B. Do
you know, Ms. Browne, is that the death that is
being referred to?

8

A. I am not sure.

9

Q. All right. Can you help us
insofar as you are aware, was there any other death
on October 19th on either Ward 4A or Ward 4B? I am
not aware of any.

13

A. Not to my knowledge, no.

14

THE COMMISSIONER: I trust it is
October 19th and not the 18th.

15

16

MS. CRONK: My recollection, sir,
is that he did die on October the 19th.

17

18

THE COMMISSIONER: And the arrest
was at 1600, was it?

19

20

MS. CRONK: I cannot help you --
well, sir, I do have the medical record.

21

22

23

He died on October the 19th, 1980,
according to the discharge report in his medical
record, although the time appears to be somewhat
different than that referred to in the Ward 4B

24

25



1

2 meeting book.

3 THE COMMISSIONER: Yes, all right.

4 MS. CRONK: The time indicated in
5 the progress notes, sir, for the final events of
6 the child's terminal events was 1743.

7 THE COMMISSIONER: Well, he died at
8 1745 according to the ---

9 MS. CRONK: And a Code 25 was called,
10 sir, at 1615 hours, which would appear to be
11 consistent with the notation of 1600 hours in the
Ward 4B book.

12 THE COMMISSIONER: Yes, all right.

13 Thank you.

14 MS. CRONK: Q. The balance of that
15 paragraph, Ms. Browne, appears to read, and I will
16 ask you to correct me if I am reading it incorrectly,
17 that the team leader on 4A was not being supported
18 by doctors; two nurses on 4A feeling that the
arrest was their fault. Can you help me, Ms. Browne,
do you know whether or not there was in fact a
feeling expressed by any of the nurses on 4A as
to the nature of the procedures that were taken
during the resuscitation effort for that child
and as to the fact that the child had in fact died
and was not able to be resuscitated?

24

25



1

4

A. I do not have that knowledge.

2

3

Q. Do you have any information
which is available to you or any knowledge as to
the circumstances referred to in this entry in the
Ward Communication Book?

4

A. No.

5

6

7

8

9

Q. Did any nurses on Ward 4A
approach you specifically to discuss the death of
Antonio Adamo?

10

A. I do not recall that, no.

11

12

13

14

Q. Do you recall any nurse on
Ward 4B or registered nursing assistant coming to
you specifically to discuss the death of Antonio
Adamo or any concerns that may have resulted amongst
nursing staff because of that child's death?

15

A. No.

16

17

18

19

20

Q. We referred a few moments
ago to two mortality meetings which had taken place
in September of 1980. We have heard in evidence,
Ms. Browne, that there was a third held in mid-
January of 1981, on January the 12th. Were you
in attendance at that meeting?

21

A. No.

22

23

Q. Janice Estrella was a small
girl who died on Wards 4A/4B on January 11, 1981

24

25



Browne, dr.ex.
(Cronk)

1

2 at approximately 3:20 a.m. in the morning. Were
3 you aware of her death at the time that it occurred
4 in January?

5 A. I was aware the following day.

6 Q. Were you subsequently made
7 aware of the digoxin levels which had been recorded
in that child?

8 A. No.

9 Q. Was any particular concern
10 expressed to you either by any member of the
11 nursing staff or alternatively by any of the
12 cardiology staff concerning the circumstances of
that child's death?

13 A. No.

14 Q. You have told us that
15 you were not at the meeting of January the 12th
16 concerning deaths on these wards. Was the purpose
17 of that meeting made known to you?

18 A. My understanding of the
19 meeting was it was to discuss an intermediate
20 intensive care unit and I was not invited to that
meeting.

21 MS. CRONK: Mr. Registrar, could
22 you show the witness, if you would, please, Exhibit
23 65, which are the minutes of the meeting of January

24

25



1

2 12th.

3 Q. While the Registrar is getting
4 that exhibit for you, Ms. Browne, I take it that
5 in due course you were made aware of the results of
6 the meeting?

7

A. Yes.

8

Q. As the minutes suggest, as you
9 will see in a moment, it appears that you were for-
10 warded a copy of the minutes of the meeting?

11

A. Yes.

12

Q. Did you receive a copy of
13 the minutes?

14

A. Yes, I did.

15

Q. I am referring to the third
16 page of the minutes where a notation indicates that
17 you received a copy.

18

A. That is correct.

19

Q. One of the matters proposed
20 at the meeting of January 12th, as reflected in
21 the minutes, as you have suggested, was the intro-
22 duction or establishment of an intermediate intensive
23 care unit on Wards 4A and 4B; do I have that correctly?

24

A. Yes.

25

Q. As I understand it, you had
occasion after the meeting of January 12th to offer



1

2 your views in writing as to the merits of creating
3 such an intermediate intensive care unit?

4 A. Yes.

5 Q. I am showing to you, Ms.

6 Browne, a copy of a memorandum that has been marked
7 as Exhibit 155 in these proceedings. It is expressed
8 to be from yourself and Janet Beed to Dr. Rodney
9 Fowler dated March 20, 1981. The subject is de-
10 scribed as the intermediate intensive care unit in
Wards 4A/4B?

11 A. Correct.

12 Q. Is this the memorandum which
13 you prepared, together with Ms. Beed, to record your
14 views on the proposal of establishing an intermediate
intensive care unit?

15 A. Yes.

16 MS. CRONK: Mr. Registrar, could you
17 show the witness, please, a copy of Exhibit 155.

18 Q. I take it, Ms. Browne, that
19 after carefully considering the matter, you were
20 opposed to the introduction of an intermediate
21 intensive care unit on these two wards; do I have
that correctly?

22 A. Yes.

23 Q. I would ask you to look, if

24

25



Browne, dr.ex.
(Cronk)

1

2 you would, please, at page 1 of the memorandum
3 which you co-authored to Dr. Fowler, and specifically,
4 the paragraph which follows the title "Problem",
5 the second paragraph?

6 A. Yes.

7 Q. There is a reference in that
8 paragraph to 15 unexpected deaths and the suggestion
9 is made that in 10 of those 15, failure to intervene
10 surgically was a major contribution to their loss
11 of life; am I reading that correctly?

12 A. Yes.

13 Q. There is mention, as well,
14 in the next paragraph that 5 of the 15 infants
15 involved required more intensive monitoring and
16 care than was possible on the ward. Did you
17 personally, after the meeting of January 12th,
18 conduct a review of those 15 cases prior to preparing
19 this memorandum?

20 A. No, this memorandum was in
21 response to the minutes of that meeting.

22 Q. Are the comments with respect
23 to the unexpected nature of these deaths then taken
24 directly from the minutes of that meeting?

25 A. Yes.

Q. Did you, at any time, personally



Browne, dr.ex.
(Cronk)

1

2 review the medical records of any of those 15 children?

3 A. No.

4 Q. After the meeting of January
5 12th, Ms. Browne, were there any further discussions
6 which you can now recall in which you participated
7 with members of the nursing staff concerning the
8 number of deaths that had been occurring throughout
9 the summer and fall of 1980 on Wards 4A/4B, after
January 11th?

10 A. I do not recall until March.

11 Q. All right, and what happened
12 in March of 1981?

13 A. In March again there were
discussions around the number of deaths.

14 Q. Do you recall when those
15 discussions took place?

16 A. Not specifically.

17 Q. Well, to help you with that,
18 Ms. Browne, could you look again, if you would,
19 please, at the Ward 4A meeting book. This is the
document under the last tab of your bound volume,
20 and I am interested in the entry which appears for
21 March 11, 1981.

22 I am sorry, sir, I do not have a
23 page reference for you, but it is the date entry of

24

25



1

2 March 11, 1981.

3

A. It is page 180.

4

Q. I take it that there was,
as is recorded in the Ward 4A meeting book, another
meeting held on March 11th with 4A and 4B staff?

5

A. Yes.

6

Q. And you were in attendance at
that meeting?

7

A. Yes.

8

Q. Do you recall now who called
that meeting?

9

A. No.

10

Q. Do you recall whether it was
held in the evening or on the morning of March 11th;
do you recall?

11

A. No, I do not recall.

12

Q. We have seen on at least one
occasion when a meeting was held in the evening that
there was a specific notation in the Ward 4A
Communication Book. Was that the practice in
these books to indicate particularly if a meeting
was held at night as opposed to the morning?

13

A. Yes.

14

Q. Would it be fair, then, to
conclude that this meeting was held during the

15

16



1

2 morning of March 11th?

3

4 A. I would expect it was held
5 in the afternoon. It was rare that the staff had
6 time to meet in the morning. It was usually between
7 1 and 2 in the afternoon.

8

9

10 Q. What did you understand the
11 purpose of this meeting to be?

12

13

14 A. As it is stated here. I have
15 no further recollection beyond what is stated.

16

17

18 Q. Well, the only thing that is
19 stated in this particular note, Ms. Browne, is that
20 there was a meeting regarding recent arrests,
21 particularly 4B staff concern over Baby Hines. I
22 take that to be a reference to Jordan Hines?

23

24 A. Yes.

25

26 Q. To the best of your recollection,
27 is this entry correct, and by that I mean was there
28 particular concern expressed by the nursing staff
29 on Ward 4B over that child's death?

30

31 A. Yes.

32

33 Q. What was the nature of the
34 concern that was expressed at the meeting?

35

36 A. That his death was unexpected.

37

38 Q. We have had some difficulty
39 with that phrase from other people, Ms. Browne.

40

41



1

12 Perhaps you can help us as to what you mean when you
2 say that his death was unexpected?
3

4 A. Can I put that in nursing
5 terms, because nursing knowledge of a patient's
6 history and medical findings often are different
7 than a physician's. If a physician does not
8 particularly indicate that the child is seriously
9 ill or that he might expect there would be some
10 sudden change in the child's condition, the nurse
11 would assume that it was fairly routine care for
12 a child, and I do not believe that the nurses expected
13 a significant problem with Jordan Hines.

14 Q. Was there something in the
15 timing of his death per se that concerned the
16 nursing staff?

17 A. I think that it was sudden.

18 Q. Did he die at a time when
19 the nurses did not expect him to die?

20 A. I would say yes.

21 Q. Was there any concern
22 expressed by any particular member of the nursing
23 staff on Ward 4B as best as you can recall it?

24 A. I do not recall.

25 Q. Was the death of any other
child other than Jordan Hines discussed at that meeting?



13

1

A. Not that I remember.

2

Q. We know from our prior

3

evidence that the very next morning Kevin Pacsai
died in the Intensive Care Unit after being trans-
ferred there from Wards 4A/4B, and as well, on the
very evening of the day on which this meeting was
held, March 11th, Michelle Manojlovich died on
Wards 4A/4B. Was there after March 11th renewed
concern expressed either by the nursing staff on
Wards 4A or 4B concerning either or both of those
deaths?

11

A. I do not remember specifically.

12

I know there was anxiety on the part of the nursing
staff about the deaths. Michelle had been sick for
a long time and was known to all of the staff. I
did not have involvement with Kevin Pacsai.

16

Q. When you say that there was
anxiety, was that anxiety the result of continuing
deaths on the wards or was it specific to some
other matter?

19

A. I think it was related to
deaths.

21

Q. During the entire period
of time from January the 12th when the third
morbidity and mortality meeting was held through to

24

25



ANGUS, STONEHOUSE & CO. LTD.
TORONTO, ONTARIO

8271

Browne, dr.ex.
(Cronk)

1

2 March 11th, 1981, to the best of your recollection
3 did any member of the nursing staff again approach
4 you or seek to discuss with you the number of arrests
5 or deaths that were occurring on those two wards?

6 A. Not that I remember.

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25



BmcB.jc

I 1

2 Q. This then was the next occasion
3 at which the matter was raised with you?

4 A. Yes.

5 Q. All right. And other than the
6 timing of Jordan Hines' death was there any other
7 concern or matter raised regarding that child at the
8 meeting on March 11th?

9 A. Not that I remember.

10 Q. Was any decision taken at that
11 meeting to pursue the matter further or to discuss
12 the matter with any member of the cardiology staff?

13 A. I don't recall.

14 Q. Do you know whether the view
15 of the 4B nursing staff that the child had died at
an unexpected time was communicated to the cardiology
members?

16 A. I believe so.

17 Q. Do you know who did that?

18 A. No.

19 Q. Was any action taken as a result
20 of this meeting with respect either to the anxiety
21 that was being felt by the nurses or the concern that
22 was being expressed over Jordan Hines' death?

23 A. I don't remember that.

24 Q. All right. During this entire

25



I.2

1

2 period of time, Ms. Browne, that is, we have talked
3 about the events of the summer of 1980 as you recall
4 them, the events of the fall of 1980 and now through
5 to March 11, 1981, was there during any point during
6 those months a discussion of which you are aware as
7 to the merits of possibly dividing the teams that
worked on Wards 4A and 4B?

8

A. I recall vaguely a discussion
9 in the fall of 1980 and I believe that was documented
10 as part of the minutes from the October 23rd meeting
11 or shortly thereafter.

12

THE COMMISSIONER: I am sorry, the
October 23rd meeting?

13

THE WITNESS: Yes.

14

MS. CRONK: Q. What do you recall
15 being discussed with respect to the splitting up of
16 the teams at that time?

17

A. I can't recall specifically but
by the note in the Communication Book it was to the
effect that the team had expressed a wish not to be
split.

20

Q. All right.

21

THE COMMISSIONER: Where is that?
I'm sorry, where do you find that?

23

MS. CRONK: Sir, there is in the Ward

24

25



I.3

1

2 4A meeting book, the last tab in your bound volume,
3 the entry for October 23rd, 1980.

4 THE COMMISSIONER: Have we seen this
5 before?

6 MS. CRONK: Yes we have, sir.

7 THE COMMISSIONER: The Ward 4A meeting
book, that's the separate one?

8 MS. CRONK: No, I'm sorry, sir, that
9 is 4B. The very last tab in your bound book.

10 THE COMMISSIONER: Yes.

11 MS. CRONK: It is the date entry for
12 October 23rd, 1980.

13 MR. YOUNG: It is page 175, Mr.
Commissioner.

14 THE COMMISSIONER: Fine, thank you.
15 What does it say about that?

16 MS. CRONK: Well, before I come to that,
17 sir, if I may.

18 Q. Ms. Browne, my question to you
19 was whether or not there was any discussion during
20 those months as to the splitting up of the teams
21 that worked on Ward 4A/4B and your answer to me was
22 that the team in the singular had indicated that
23 they did not wish to be split up. Was the discussion
specific to a particular nursing team?

24

25



I.4

1

A. I believe it was.

2

Q. All right. And which team was
that?

3

A. It was related to Phyllis
Trayner's nursing team.

4

Q. And who had originally proposed
the splitting up of that team?

5

A. I think it came out of discussion
at that particular meeting.

6

Q. That particular meeting being
the meeting of October 23rd?

7

A. October 23rd, yes.

8

Q. Right.

9

THE COMMISSIONER: I am sorry, were
there minutes of that meeting or is this what you
refer to as the minutes?

10

THE WITNESS: It is a summary.

11

THE COMMISSIONER: Oh, I see. Well,
where is there in that, I'm sorry, is there a reference
there?

12

THE WITNESS: It's not there.

13

THE COMMISSIONER: Oh, I see.

14

THE WITNESS: And I'm not sure whether
it is in the notes from the 4B side.

15

THE COMMISSIONER: But it is your

16

17



I.5

1

2 recollection it was at the October 23rd meeting that
3 there was this discussion that took place and that
4 the team didn't want to be split, have I got that
5 right?

5

6 THE WITNESS: I may not be correct
7 in my placing it on October 23rd. It was in the fall
8 but I think it came out of that meeting.

8

9 THE COMMISSIONER: And you say the
10 team said they did not want to be split, is that it?

10

THE WITNESS: Yes.

11

12 THE COMMISSIONER: I don't want you
13 to concern yourself about this but do you remember
14 who said that? You see, teams don't speak normally,
15 unless they are cheerleaders, they don't speak one
16 voice. You don't remember which one?

15

THE WITNESS: No.

16

17 MS. CRONK: Q. Do you remember,
18 Ms. Browne, who specifically had suggested that it
19 might be advisable to split the team up?

19

A. I don't remember specifically.

20

21 Q. Was that a matter that was
22 discussed by you with either of the head nurses on
23 Ward 4A or 4B?

22

23 A. I don't remember specifically
24 in the fall.

24

25



I.6

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. Well, in October, do you recall any discussions with the head nurses on that matter?

A. No.

Q. You are indicating no?

A. No.

Q. Do you recall any discussion by you with any of the cardiologists at which time it was suggested that it might be advisable to split the team up?

A. No.

Q. What did you understand the purpose of the suggestion to be, why was it being considered that perhaps the team should be split up?

A. Because they were feeling stressed and they had also expressed at that ~~time~~ a concern that they were jinxed.

Q. Why did they feel they were jinxed?

A. Because deaths were happening when they were on duty.

Q. Do you recall who expressed that view?

A. Not specifically.

Q. Was it your impression that the entire membership of the Phyllis Trayner team felt



I.7

1

2 themselves to be jinxed because arrests were happening
3 when they were on duty?

4 A. Yes.

5 Q. And I take it you have no
6 recollection of any specific conversation with any
7 individual member of that team?

8 A. No.

9 Q. Do you have any recollection of
10 having discussed that perception that they felt
11 themselves to be jinxed with either of the head nurses?

12 A. Not specifically at that time.

13 Q. All right. Was that a perception
14 which was known to the cardiologists insofar as you
15 are aware on Wards 4A and 4B?

16 A. I don't believe so.

17 Q. All right. I take it then,
18 Ms. Browne, that by March 11th when - I'm sorry, that
19 by October, 1980 when the proposal for splitting up
20 the team was raised there was at that time an aware-
21 ness that many of these deaths had been taking place
22 obviously when members of the same nursing team were
23 on duty?

24 A. Yes.

25 Q. All right. And was there by that
time as well an awareness at least on your part that



I.8

1

2 many if not most of these deaths were occurring
3 during the early hours of the morning on the night
4 shift when that team was on duty?

5 A. I don't think I had that aware-
6 ness at that time.

7 Q. I take it during that period of
8 time though when that team was working, was on duty
9 on Ward 4A/4B that these arrests were occurring when
they were on night shift?

10 A. I would have trouble saying that
11 was solely nights, there certainly were some deaths
12 at night.

13 Q. Well, perhaps we will leave that.
14 By March 11, 1981, we have seen that you were present
15 at another meeting when the death of Jordan Hines
16 was specifically discussed and concern was expressed
17 by the Ward 4B nursing staff concerning the death
18 of that child. By that time, that is, by mid-March
19 of 1981, there had been any number of discussions
20 that you have described for us at which nursing
concerns were expressed over the number of arrests
and the number of deaths. Do I have that correctly?

21 A. Yes.

22 Q. All right. And by that time
23 certainly I suggest you had formed and made the

24

25



I.9

1

2 observation that many of these deaths were occurring
3 while members of the same nursing team were on duty.
4 Do I have that correctly?

5 A. Yes.

6 Q. Were you aware by mid-March,
7 1981 of the actual number of children who had died
on those two wards?

8 A. Not a number, no.

9 Q. All right. Was it your impression
10 at the time that there had been many deaths on those
11 two wards over the last succeeding several months?

12 A. More than usual.

13 Q. All right. When those facts
14 became known to you by mid-March, Ms. Browne, did you
15 as a professional and experienced nurse form an
16 opinion as to the likely cause of death of any of
those children?

17 A. No.

18 Q. All right. Was it a matter that
19 you indeed considered in your own mind at the time?

20 A. No.

21 Q. Was it a matter that concerned
you?

22 A. Yes.

23 Q. In your professional judgment

24

25



I.10

1

2 and experience once all of that information became
3 available to you by mid-March of 1981, did you form
4 any opinion as to whether or not those deaths in
5 totality, that number of deaths on the same wards
6 could be explained on purely natural grounds?

7

A. Repeat that for me, please?

8

Q. Once that information was
9 available to you in mid-March of 1981, did you, based
10 on your own professional experience and judgment,
11 form any view as to whether that many deaths could be
explicable on natural grounds?

12

A. Yes.

13

Q. What was your view?

14

A. That the babies indeed were
15 younger and sicker, we were seeing them sooner and
16 we were seeing children with very complex anatomy.

17

Q. Were you, by the end of March,
this is now the end of March?

18

A. Yes.

19

Q. Aware of the further deaths that
20 occurred on those wards in the last two weeks of that
month?

21

A. I was aware the Monday following
the 21st, was it the 21st?

22

Q. The 23rd of March.

23

24

25



I.11

1

2 A. The 23rd, yes.

3

4

5

6

Q. Were you aware by that time that
there had been some 36 deaths associated with those
wards in the nine-month period commencing in July of
1980?

7

A. I did not have that number, no.

8

Q. Did you have any number available
to you?

9

A. No.

10

MR. YOUNG: I am sorry, Mr. Commissioner.

11

12

13

THE COMMISSIONER: I don't think any-
body had that number, that is an invention of the
Commission.

14

15

16

MR. YOUNG: I don't even know what the
number was. I haven't heard the last few answers
that the witness has given. Perhaps it is my fault
but I am interested in what she has to say.

17

THE WITNESS: I am sorry.

18

THE COMMISSIONER: Yes.

19

MS. CRONK: Fine, sir.

20

21

22

23

24

25

Q. I am interested, Ms. Browne,
specifically in your state of awareness on March 23rd.
We know that you were not on duty on that weekend,
we know that Allana Miller died on March 21st, that
Justin Cook died on March 22nd, the Sunday. Were you



I.12

1

2

3

4

aware on Monday, March 23rd, that the Metropolitan
Toronto Police were involved in an investigation at
the Hospital?

5

6

A. That was conveyed to me by the
head nurses on Monday morning.

7

8

9

Q. Did you have any concerns in your
own mind at that time as to whether or not all of the
deaths that had occurred on those wards could be
explained by natural causes?

10

A. Ask that again?

11

12

13

14

Q. Did you at that time have any
concerns as to whether all of the deaths which had
occurred on those wards could be explained by natural
causes?

15

A. Are you asking if there were any
that I felt couldn't be explained by natural causes?

16

Q. Yes, I am.

17

A. No.

18

Q. Do you recall being interviewed
by representatives of the Metropolitan Toronto Police
some months after Susan Nelles was discharged at a
preliminary hearing that was held in respect of
charges of murder?

22

A. Yes.

23

Q. Do you recall being asked at that

24

25



I.13

1

2 meeting to express your opinion as to whether or not
3 these deaths could be explained by natural causes?

4 A. You mean to speculate?

5 Q. Well - were you asked at that
6 meeting to express any opinion as to whether or not
these deaths could be explained by natural causes?

7 A. Yes.

8 Q. Did you in fact ---

9 THE COMMISSIONER: Just a moment .

10 MS. KITELY: Mr. Commissioner?

11 THE COMMISSIONER: Yes.

12 MS. KITELY: We are getting into, I
would assume, an area arising out of a statement
13 given, or not given, written --

14 THE COMMISSIONER: Yes, I understand
15 that but I can't keep that out. If there is something
16 in the statement that is contrary to what she is now
17 saying there is no conceivable way that I can suggest
18 that Miss Cronk can't proceed on it.

19 MS. KITELY: I am seeking your direction
20 sir, as to how to deal with it, this being the first
time it has come up in this fashion.

21 THE COMMISSIONER: Well, if the witness
22 is alleged to have said something different at another
23 time then obviously this statement becomes to that

24

25



I.14

1

2 extent available to the cross-examiner for the
3 purpose of the user. Miss Cronk has that statement,
4 I assume it is something that she has said to the
5 police or has alleged to have said to the police is
6 different from what she is now saying, otherwise,
7 this cross-examination would be improper. I assume
that that is so.

8

9 MS. KITELY: Well, I would assume that
10 that would be Ms. Cronk's thrust. She hadn't got
to that point when I rose.

11

THE COMMISSIONER: No.

12

13 MS. KITELY: My concern is a procedural
one. If Ms. Cronk puts the statement to this witness
we are then going to have to --

14

15 THE COMMISSIONER: She is putting this
one question to the witness.

16

17 MS. KITELY: That is exactly what I
am getting at, sir.

18

19 THE COMMISSIONER: I thought you were
20 the first to bear with me that we deal with one
21 problem at a time. She is putting that one question
22 to the witness. If the witness then of course says
23 something different then there is another problem
24 that arises, what she does about it, do you follow me?

25

MS. KITELY: My concern is, once my



1.15

1

2 friend refers to the statement are we going to be
3 in the position of arguing whether or not the entirety
4 of the statement ought not to be made available to
5 the rest of counsel?

6 THE COMMISSIONER: Well, we may well
7 argue the question but this problem, this fact, this
8 form of cross-examination, this statement being in
9 the possession of Miss Cronk, I think she is under
10 an obligation to ask the witness to explain the
11 conflict, if there is a conflict, between what she
12 is alleged to have said to the police and what she
is saying to us now.

13 MS. KITELY: Well, I rose, sir, because
14 I see there is a potential problem. Perhaps I was
15 momentarily premature and we will deal with that later.

16 THE COMMISSIONER: Yes. But there is
17 no way that we can stop Miss Cronk from doing what
she is now doing.

18 MS. KITELY: I'm not suggesting that,
19 sir.

20 THE COMMISSIONER: No. No, the problem
21 may affect this statement, it may or may not, we will
22 just have to see, we will just have to see.

23 MS. KITELY: Right, sir.

24 THE COMMISSIONER: All right.

25



I.16

1

2 MS. CRONK: Thank you, sir.

3 THE COMMISSIONER: Carry on.

4 MS. CRONK: Ms. Browne, to repeat my
5 question. Do you recall at that interview being
6 asked to express an opinion as to whether or not in
7 your judgment all of the deaths which had occurred on
8 Wards 4A/4B during this period of time could be
explained on purely natural grounds?

9

A. Yes, I do.

10

Q. You were asked to express an

11 opinion?

12

A. Yes.

13

Q. And did you do so?

14

A. Yes.

15

Q. And what was the nature of the
opinion that you expressed at that time?

16

MS. KITELY: At the risk of being
interfering again, sir, could we establish the date
of this interview?

19

THE COMMISSIONER: Yes. Well, do you

remember the date, Ms. Browne?

21

THE WITNESS: I believe it was July
the 9th.

22

THE COMMISSIONER: Of what year?

23

THE WITNESS: 1982.

24

25



I.17

1

2

THE COMMISSIONER: '82, all right.

3

4

5

MS. CRONK: Q. I take it then, Ms.

Browne, that you have a specific recollection of the interview that I am discussing?

6

7

A. I have a recollection and I have some written information from that, from the police.

8

9

Q. I am sorry, you have some written information concerning the interview?

10

11

A. That was given to me from the police, a reporting of that.

12

13

MS. CRONK: You have a copy of that?

THE COMMISSIONER: It is some document you have in your hand is what she is saying.

14

15

16

17

18

THE WITNESS: Yes.

MS. CRONK: Q. Well, Ms. Browne, I am doing this quite laboriously, but what was the opinion that you expressed at that meeting as to whether or not in your judgment all of these deaths could be explained on purely natural grounds?

19

20

21

22

23

24

25

A. The difficulty that I had, and indeed that is in light of the media, in light of all kinds of information that had transpired that indeed I did not have available to me in March of '81, but my conjecture at that point was if indeed a series of deaths had happened at a set point in time and



I.18

1

2

were unexplained and at that point there was a
considerable discussion around dig. levels and indeed
whether there had been more dig. given or dig. given
when it shouldn't have been given, then my conjecture
at that point was, if someone deliberately was doing
that I had trouble seeing that it would be other
than a nurse who had access to a patient at that
time of night.

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

-

-



1

2

Q. I suggest to you as well,

3

Ms. Browne, that you indicated to the interviewing officers at that time that you could not accept the idea that all of the deaths which had occurred on those wards were from natural causes, did you so indicate to the officers who were interviewing?

7

8

A. That was given information about the dig. levels, be that accurate or otherwise.

9

Q. May I take it in two stages?

10

Did you so indicate to the interviewing officers?

11

A. Yes.

12

Q. Was that your expressed opinion at the time?

14

A. Could I say that that part of the interview was supposed to have been off the record, but I will respond to that, that was true.

15

Q. So I am clear and I am going to afford you the opportunity to make any further remarks on the matter that you care to make, that that was the opinion that you expressed at the time?

20

A. Yes.

21

Q. And that was your view at the time?

23

A. Yes.

24

Q. And you have told me that that

25



1

2

J2
was on the basis of certain information having been
provided to you regarding digoxin levels in these
children?

5

A. Yes.

6

7

You were informed I take it
at that time as to the levels, what the readings
were?

8

9

A. Yes.

10

Q. That had been obtained on these
children?

11

A. Yes.

12

13

Q. And in light of that information
or was it on the basis of that information that
you formed the view that you then expressed to the
officers?

14

15

A. I would say yes.

16

17

Q. I take it from what you said
a few moments ago that that is not your view today?

18

19

A. I am confused about dig.

20

21

information today.

Q. In that you have many who

22

23

share the concern.

Q. In that you have many who

I have no further questions of this
witness, Mr. Commissioner.

THE COMMISSIONER: Yes, all right.

24

25



1

2

J3 MS. CRONK: Thank you, Ms. Browne.

3

4

THE COMMISSIONER: Miss Kitely,

5

this is your client.

6

MS. KITELY: Thank you, sir.

7

EXAMINATION BY MS. KITELY:

8

Q. Ms. Browne, can we stick with
the communications book and the meeting book for
the moment.

9

First of all, can you explain to me,
if there is reason why Phyllis Trayner and Susan
Nelles would have spoken to you as opposed to someone
else on the team?

10

MR. HUNT: I am afraid I can't hear
my friend's question.

11

THE COMMISSIONER: Yes. She was
asked the reason, if there is any reason why Susan
Nelles and Phyllis Trayner should have spoken to
the witness rather than to anyone else.

12

MS. KITELY: No, why Phyllis
Trayner and Susan Nelles would have spoken to you
as opposed to someone else on that team.

13

THE COMMISSIONER: Oh, someone else
on the team speaking to you. Yes. Is there some-
thing wrong with that?

14

MS. KITELY: Is it now not working?

15



1

2

THE COMMISSIONER: I don't know.

3

MS. KITELY: Can my friends hear me?

4

5

MR. YOUNG: I think the Registrar

has fixed it, it is fine now, Mr. Commissioner.

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

THE WITNESS: If I could respond to that, it was very logical that it would be Phyllis or Susan that I would see the mornings that I have commented on. Phyllis was the team leader so it was very logical that the team leader would be at the desk when I would come on in the morning, finishing up her recording and her passing on of information to the day staff. Because often, again the nights in question, Susan would have been the nurse who was looking after the very sick babies, babies that may have been under constant care. She would have been in the room with that baby all night, so indeed she would be at the desk at that point in time doing her charting. The other R.N. on the team who was not doing constant care would have been looking after other children on the ward and might still be continuing to do that as children start to get up in the morning, and the R.N.A. would do the same.

MS. KITELY: Q. Did you think there

was anything significant in Phyllis and Susan speaking



J5

1

2

with you, or would you have expected that as part
of their role?

4

A. I would have expected that.

5

Q. If I can take you back to the
beginning of the Ward 4A communications book.

7

A. Yes.

8

Q. I gather that the copy that
you have has some pages flagged.

9

A. Yes.

10

Q. Am I correct that you have
read the entirety of this exhibit?

12

A. Yes.

13

THE COMMISSIONER: I'm sorry, which
exhibit is this again?

15

MS. KITELY: I'm sorry, Exhibit 300,
sir.

16

THE COMMISSIONER: Oh yes, Exhibit 300.

17

MS. KITELY: Q. And have you also
read Exhibit 301?

19

A. Yes.

20

Q. And Ms. Cronk took you through
some of the entries in the communications book and
in the meeting books, has she covered all of those
that you have flagged in your own copy?

23

A. No.

24

25



Browne, ex.
(Kitely)

J6

1

2

3

4

5

6

Q. What I would like to do is

deal with those that you have. I am assuming that they contain entries which are relevant and material to the Inquiry that Mr. Justice Grange has before him?

7

A. I believe so.

8

Q. Could we then go back to the beginning?

9

A. Yes, we could.

10

11

12

13

14

Q. You were then dealing with Exhibit 300 being the 4A communications book. The first one that Ms. Cronk brought you to was the one on July 31st, 1980, do you have an entry before that which is relevant?

15

A. No.

16

Q. What is the next one that you feel is relevant?

17

18

19

20

21

22

23

24

25

A. Could I just point out in

relation to July 31st, page 5 entry, that there is a comment in the margin in Liz Radojewski's handwriting that she had talked with Carlos, and I believe that refers to Carlos Contreras who was the Cardiology Fellow that was covering Wards 4A/4B at that time, so she had communicated nursing concerns to Dr. Contreras.



1

2

3 THE COMMISSIONER: And this is in
Nurse Costello's ---

4

5 THE WITNESS: No, it is Liz
Radojewski.

6

THE COMMISSIONER: Oh, yes.

7

8 MS. KITLEY: Q. Now Ms. Cronk then
dealt with the entry from August the 5th which is
at the bottom of the same page.

9

A. Yes.

10

Q. She dealt with the entry on
August 8th, 1980 on the next page?

12

A. Yes.

13

Q. And briefly with the entry on
August 15th, point No. 2 as it related to the
clinical pharmacist.

15

A. Yes. Could I point out to
you point No. 3 of that same entry of August the
15th, refers to a request for a psychiatrist for
4A/B.

19

Q. What is the significance of
that entry?

21

A. There was a request because
the staff were feeling so stressed they really felt
they wanted regular meetings with a psychiatrist,
so they had raised the question of their need for

24

25



J8

1

2

support at that time.

3

Q. What kind of support was it
they were looking for from a psychiatrist?

4

A. An opportunity I think to
work through their concerns; look at how they were
handling stress; and how they could support one
another.

5

Q. And do you remember where
there any specific persons that suggested that there
be a psychiatrist?

6

A. Not specifically, no.

7

Q. And before turning the pages
did Dr. Wehrspann, W-e-h-r-s-p-a-n-n, communicate
with 4A/4B staff?

8

A. Not at that time.

9

Q. When ultimately did he do so?

10

A. In the capacity of support
for the nursing staff it was April, 1981.

11

THE COMMISSIONER: I am sorry,
Dr. Wehrspann is he a psychiatrist himself or is
he someone who was to have a meeting with a
psychiatrist?

12

THE WITNESS: He is a psychiatrist.

13

MS. THOMSON: Excuse me,

14

Mr. Commissioner, I rise because I have some concern

15

16



ANGUS, STONEHOUSE & CO. LTD.
TORONTO, ONTARIO

8298

Browne, ex.
(Kitely)

1

2

about this line of questioning, and it seems to me
with respect this does not help to determine how
these babies came to their deaths, this was a matter
that was raised and covered very much in the Dublin
Report.

3

4

5

6

THE COMMISSIONER: I also have
some concern that we are transgressing a little.
I would just simply mention it to Miss Kitely now
that really it is the cause of death of the children;
how and by what means they met their deaths that I
am concerned with.

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

MS. KITELY: I understand that, sir.
THE COMMISSIONER: While I have
a natural human concern in the welfare of the nurses,
it is not something I am supposed to report on.

MS. KITELY: I understand that, sir.

THE COMMISSIONER: Yes, all right.

MS. KITELY: Q. Now, Ms. Browne, I
didn't specifically refer you to the next page,
being the September 5th mortality rounds, but to
your knowledge does this refer to the notes taken
at the mortality conference?

A. By the minutes I have seen,
yes.

Q. What is the next entry that



Browne, ex.
(Kitely)

1

2

you have marked, Ms. Browne?

3

4

A. It was September the 8th, 1980,
and it was a meeting again outside of the Hospital.

5

6

Q. And is that the one that starts
on --

7

A. Page 12.

8

Q. It is my page 12, sir.

9

THE COMMISSIONER: Yes, all right.

10

11

MS. KITELY: Q. And the entry is at
September 8th, 1980 at Bertha's, would that be at
Bertha Bell's house?

12

A. Yes.

13

14

Q. What is it in these notes which
are significant?

15

16

17

18

19

A. I think there are several
entries in the communication book that speak to the
nurses' concerns around the staffing, and the
issue around discussing NARvel was discussed, and
was the ward adequately staffed for the needs of
patients.

20

21

22

23

24

25

MS. THOMSON: I hate to sound
like a broken record, Mr. Commissioner, but again
these were addressed in the Dubin Report and I
object to its being raised.

THE COMMISSIONER: Yes, well, on the



Browne, ex.
(Kitely)

1

2

J11 face of it there would appear to be some merit to
3 that.

4

MS. KITELY: Any objection, sir,
5 or in the entry?

6

THE COMMISSIONER: Yes. NARvel
7 that is one of the - whatever it is, one of the
8 programs of the nurses, is it not?

9

MS. KITELY: The way in which they
judge nursing needs on a floor.

10

THE COMMISSIONER: Yes.

11

MS. KITELY: And the witness said
12 in response to my friend Ms. Cronk that she didn't
13 have a detailed conception of how the system worked
14 and I certainly don't plan to take her through that.

15

THE COMMISSIONER: No.

16

MS. KITELY: Insofar as my friend
17 Ms. Thomson's query is concerned the nursing shortage
or availability of nurses was something that was
18 dealt with with several previous witnesses, namely
19 Drs. Rowe and Freedom. In my submission it is
20 appropriate that the nursing response ought to be
before the Commission. I don't intend to take all
21 day. In fact if my friend can let me get through
22 this it will be done by lunch time.

23

THE COMMISSIONER: If you don't

24

25



1

2

J12 intend to take all day it may well be best that you
3 do it. I know what your concern is.

4

5

6

7

8

line of questioning and draw your attention again
to the fact that Mr. Justice Dubin's Committee also
investigated this matter.

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

MR. BROWN: In support of my
friend Ms. Kitely, there have been substantial
questions directed to this witness about the stress
of nursing, circumstances surrounding a particular
team, et cetera, et cetera, and some of the matters
which she has raised may well go to that point.
So if it has been raised in direct examination I
really don't see the merit of objecting to pursuing
it in cross-examination.

THE COMMISSIONER: All right. Thank
you. Now, Miss Kitely, I have been persuaded by
your eloquence particularly by the fact that you
said you won't be all day on it, and I will let you
continue. All right.

MS. KITELY: Q. Can we deal
briefly, Ms. Browne, with the entry of September the
8th, and am I correct that you are referring to



Browne, ex.
(Kitely)

1

2

paragraph No. 1, and particularly the last sentence,
the last two sentences, and I quote:

3

4

"By doing an accurate assessment our
NARvel will reflect our actual nursing
requirement. Perhaps in the long run
we may increase our nursing numbers."

5

6

7

A. Correct.

8

Q. That accurately reflects the
concerns that were being expressed in September 1980
about nursing shortage or requirements?

9

10

A. Yes.

11

12

13

Q. What is the next entry which
you feel is relevant?

14

A. I am now over to November 18th.

15

Q. Having passed October the 23rd.

16

A. Yes. It is page 25.

17

THE COMMISSIONER: Thank you.

18

THE WITNESS: And I would like to

draw attention to -

19

20

MS. KITELY: Q. Can I ask you to pause for a
minute, I don't think it is page 25 on everybody's.

21

A. I don't have another number.

22

23

Q. Yes, go ahead. Do my friends
all have the entry?

24

25

A. Okay. If I could draw



Browne, ex.
(Kitely)

J14

1
2 attention to, half way down the page where it says
3 "Re death".

4 Q. Yes.

5 A. "The charts are to leave the
6 ward with the body and that the chart
7 would go to Medical Records."

8 And a question that was raised was
9 indeed whether I had reviewed any of the charts,
10 and generally speaking the charts would have left
11 the ward by the morning when I came on so I wouldn't
12 have seen the patient's record again in terms of
time of death or recording of events.

13 Q. Where would the chart have
14 gone?

15 A. It would go to Medical Records
16 and then it would be taken to the pathology if indeed
17 a post mortem was being done.

18 Q. And the next entry, Ms. Browne.

19 A. It is page 29, or 28 for
some, and that was January the 8th, 1981.

20 -----
21
22
23
24
25



BN.jc
K 1

2 And I would refer to the very bottom of that page:

3 "We will talk with Andrea Frewin
4 about the possibility of becoming
5 involved with the wards on a long
6 term basis to help us with our
7 feelings ... "

8 The request for psychiatrists' involvement with the
9 staff did not happen after the raised concern in
10 August. In September, indeed, Dr. Wehrspann was
11 assigned to deal with children and families on the
ward, but not to deal with staff.

12 So the alternative suggested at this
13 time was that a mental health nursing consultant in
14 the Hospital be requested to be available to the
15 nursing staff to help them again deal with stresses.

16 Q. And did that happen following
17 this meeting?

18 A. No.

19 Q. What is the next entry which you
feel is relevant?

20 A. The question of Andrea Frewin's
21 involvement was delayed to a meeting of team leaders
22 on March the 10th, 1981, which is page 32.

23 Q. Where on that page does it appear?

24 A. Part way down. If you look under

25



K.2

1

2 March the 10th under No. 1, some suggestions which
3 came out of that team leader day, I would highlight
4 that there was discussion around communication
5 and team leader responsibilities, the sharing of
6 workload, budget and staffing. So again there were
concerns about staffing and the need for Andrea Frewin.

7

Q. Next?

8

A. I would refer to page 40 or 39
for some, under April the 21st, 1981, where we have
had our quota for RNs increased to four. So there
was an additional RN added to each team on each ward.
So an addition of four RNs for 4A and four for 4B.

12

Q. And that is the quota. Do you
know whether the bodies actually were hired to fill
the quota at that time?

15

A. You would have to direct that
to the head nurses, please.

17

Q. Is that it for the 4A
Communication Book?

19

A. Yes, it is.

20

Q. Is there anything in the 4B
Communication Book?

21

A. I would point out on page 62,
and I do not know the other number for that, it was
a notation on November the 21st -- October the 21st,

24

25



K. 3

1

2 again looking at the stressful work situation and
3 wondering if they would like an opportunity for the
4 outside meeting. I think that was the preliminary
5 to the October 23rd meeting, again to look at concerns,
6 budget and how it works, which again is a reflection
on staffing.

7

Q. In that meeting, it appears that
8 Liz Radojewski was there and would Diane refer to
9 Diane Croswell?

10

A. Yes.

11

Q. Diane was the teaching team

12

leader?

A. Yes.

13

Q. And Carol T. is yourself?

14

A. Yes.

15

Q. And Janet B. is Janet Beed?

16

A. Yes.

17

Q. And the last one?

18

A. Would be "and I", which would be
Mary Costello. I have trouble reading the last part
of that number:

20

"Plans for ways to suggest ...".

21

Q. Perhaps we could look at the

22

original. Do you have it, Ms. Cronk? It would appear
to say:

24

25



K.4

1

2 "Plans for ways to support ourselves
3 or find help about this."

4 A. Okay.

5 Q. Is there another entry in the 4B?

6 A. No, that is all.

7 Q. What about in the meeting books,
do you have any entries of significance?

8 A. Under the 4A, let me just see if
there is anything that has not been dealt with.

9 THE COMMISSIONER: Well, there is a
10 ward meeting book generally and then the ward meeting
11 book 4A. Is it under the last tab?

12 MS. KITELY: She is looking in the
last section, sir.

13 THE WITNESS: Yes.

14 THE COMMISSIONER: Yes, all right.

15 What page are you at then?

16 THE WITNESS: I am looking at page 173,
and I do not have another number for that. It is the
first page.

17 THE COMMISSIONER: Yes.

18 THE WITNESS: The heading being April
something, 1981.

19 MS. KITELY: Q. Yes, shall we look at
the original?

20

21



K.5

1

2 A. Could we do that? That entry
3 was April the 22nd, 1980, and it referred to the
4 increased workload but with the comment that we are
5 getting more staff.

6

Q. Our copy is rather vague, but
am I correct that the first line notes the people
present?

7

A. Yes.

8

Q. The first and second lines, and
the third line says arrow workload and that means
increased workload?

9

A. Yes.

10

Q. And there is a question:
"Are we getting more staff?"

11

And the answer is yes.

12

A. Yes.

13

Q. Is that with reference to the
move from 5 to 4A/4B?

14

A. I believe so, yes.

15

THE COMMISSIONER: The move was actually
at the end of April, was it?

16

THE WITNESS: The beginning of April.

17

THE COMMISSIONER: I thought there was
an increase in staff when you moved?

18

THE WITNESS: I have had trouble

19

20

21



K.6

1

2 establishing that, and I think that should be directed
3 to the head nurses.

4 MS. KITELY: I think that someone else
5 will give the evidence more clearly, sir.

6 THE COMMISSIONER: What is that?

7 MS. KITELY: I think another witness
8 will be able to give the evidence more clearly.

9 THE COMMISSIONER: Well, we have had
10 it from someone.

11 MS. CRONK: The evidence to date, sir,
12 and most recently from Ms. Browne, is that there was
13 an addition of at least one head nurse, so that at the
14 administrative nursing level there was an addition.
15 Ms. Browne was unable to help us whether any regular
16 registered nurses complement was increased.

17 THE COMMISSIONER: The only reason
18 why I raised it is that is this an increase after the
19 increase, that you are going to get an increase
20 after the original increase or is it before you got
21 the increase? You do not know?

22 THE WITNESS: I do not know that.

23 THE COMMISSIONER: All right, thank you.

24 MS. KITELY: Q Anything else in that
25 section?

26 A. Could I refer to page 177?



K.7

1

2 Perhaps I could start on page 176, and that is the
3 only number I have. It is November the 11th, 1980.
4 Again, it is a reference to NARvel and staffing, that
5 we need figures for the government, a look at
6 direct nursing hours.

7

Q. Can I stop you there. You are
8 looking at the bottom of the page on the right-hand
9 side?

10

A. Yes.

11

Q. And it would appear that Marie
Mandal --

12

A. Yes.

13

Q. Gilda Gecas --

14

A. Gecas.

15

Q. Jane Partridge, Gloria Ganassin,
Carol Callaghan, Kathy Shelton and Liz Radojewski
were present?

16

A. Correct.

17

Q. And the discussion was in the
next couple of lines about NARvel and staffing?

18

A. Yes, and if we can turn to page
177 about a third of the way down on the left-hand
side, we discussed how we felt about our care, how
we feel frustrated about what we cannot do, i.e.
support for parents, we should take another look at

19

20

21

22

23

24

25



K.8

1

2 priorities, physical things, i.e. beds are not as
3 important, and then it continues not the next sentence
4 but the next one, we discussed frustrations with
5 supervisors and assessments of staffing. Then it goes
6 on to learning needs of the staff.

7

Q. You said "we", were you present
at this meeting?

8

A. I am just reading it verbatim, no.

9

10 Q. Is there anything else in
Exhibit 300?

11

A. Page 179, an entry under
January the 16th, 1981.

12

Q. On the right-hand side of the
page?

13

A. Yes.

14

Q. And the people present were
Carol C. Who is that?

15

A. Carol Callaghan.

16

Q. Marilyn Hill, Kathy Shelton and
Liz Radojewski?

17

A. Yes.

18

Q. What is it in that meeting that
is relevant?

19

A. Again it was discussed briefly
stress workshop and new needs and our needs re stress

20

21

22

23

24

25



K.9

1

2 on the ward, and again that Liz and Mary would talk
3 with Andrea Frewin. I believe the other things have
4 already been covered by Ms. Cronk.

5 Q. Is there anything in the Ward 4B
6 meeting book, Exhibit 301, that we have not covered?

7 A. I would draw your attention to
8 page 21. It begins on page 19, dated February the
11th.

9 Q. This is 1981?

10 A. Yes, recorded by Mary Costello
11 of a meeting with Liz about the plans around an
intermediate Intensive Care Unit.

12 THE COMMISSIONER: Is this Exhibit 301?

13 MS. KITELY: Yes, sir.

14 THE COMMISSIONER: 4B meeting book.
What was it, February the what?

16 THE WITNESS: February the 11th.

17 THE COMMISSIONER: Oh yes, you are
18 quite right, 11.2, yes, all right. Yes, go ahead,
I am sorry.

19 THE WITNESS: There is discussion of
20 the plans for that and the staffing, and then there
21 were concerns expressed about competition, morale
22 among the staff.

23 MS. KITELY: Q. And what is that in
24 reference to?

25



K.10

1

2 A. Just general concerns, I think,
3 about introducing an intermediate Intensive Care Unit
4 at that point in time.

5

Q. What would the competition be?

6

A. It may have referred to

7

competition among nursing staff. There had been
discussion about whether you would have a specific
nursing staff for the intermediate Intensive Care Unit
or whether you would have all of your staff on the
ward able to rotate through that area, and that if
you made it a separate staff, that indeed there could
be conflict arising out of that.

8

9

10

11

12

I think that is all. There is a
comment on page 23 that Dr. Wehrspann would be avail-
able for meetings. That was dated April the 14th.

13

14

15

Q. The date of the comment is on
the top of page 22 in the left-hand corner?

16

A. Yes.

17

18

Q. And the comment is found on page 23?

19

A. Yes.

20

Q. And it is the second entry, and
am I correct it says, and I quote:

21

"Dr. Wehrspann will be available for
meetings on Thursday and Friday."

22

A. Yes.

23

24

25



ANGUS. STONEHOUSE & CO. LTD.
TORONTO, ONTARIO

Browne, ex.
(Kitely)

8314

K.11

1

2 Q. And that was the Dr. Wehrspann
3 that was referred to earlier in the Ward A
4 Communication Book?

5

A. Yes.

6

THE COMMISSIONER: I wonder if we
7 might -- if you are finished with this document, there
are no more in this document?

8

THE WITNESS: Yes.

9

MS. KITELY: That is right, sir.

10

THE COMMISSIONER: Then I think we
11 will rise until 2:30.

12

--- Luncheon adjournment.

13

14

15

16

17

18

19

20

21

22

23

24

25

-

-



1

BB/ko 2

---- On resuming

3 THE COMMISSIONER: It can now be
4 distributed but only on condition they sign the
5 appropriate thing on the back. So, whenever you feel
6 in the mood.

7 MS. FINEBERG: Right.

8 THE COMMISSIONER: Yes, Ms. Kitely.

9 MS. KITELY: Thank you, sir.

10 Q. Before leaving Exhibits 300 and
11 301 completely, Ms. Browne, you referred this morning
12 to a comment that some of the nurses on one team
13 thought that they might have been jinxed, and I think
14 that was the word you used.

15 A. Yes.

16 Q. Am I correct that it is your
17 recollection that in meeting books or communication
18 books there is a record of that comment?

19 A. Yes.

20 Q. And over the lunch break were
21 you able to find it?

22 A. No.

23 MS. KITELY: Mr. Commissioner, we will
24 locate that one comment and put it into evidence at
25 some point.

THE COMMISSIONER: All right.



1

2 MS. KITELY: Q. And two final things
3 on Exhibits 300 and 301. Am I correct that in Exhibit
4 301 that when you referred to the entry for October
5 22nd, 1980, you referred the Commissioner to the
6 introductory paragraph about whether the team leader
7 on 4A was not being supported by doctors and then in
8 fact there are two other comments in that same one and
9 it is almost illegible and overlooked them in your
evidence?

10 Am I correct that on page 8 there is a
11 comment in the middle of the page immediately under
12 the entry October 23rd, 1980?

13 A. I am not with you, I am sorry.

14 Q. Your copy probably?

15 A. Yes.

16 Q. Right under the beginning of the
meeting, am I correct it says:

17 "Karen Power started by saying that we
18 need support and that we don't need our
team to break up."

19 A. Yes.

20 Q. All right. And is that a
comment that also is related to the jinxed comment?

21 A. I think so.

22 Q. And then at the top --

23

24

25



1

2

THE COMMISSIONER: I am sorry, can you
tell me who were present? It is Karen - who is this?

4

MS. KITELY: Well, shall we look at the
original, sir?

5

THE COMMISSIONER: Yes, perhaps we
should.

7

THE WITNESS: It is October 23rd.

8

MS. KITELY: Q. Is that clear for
you?

10

A. Yes.

11

Q. Can you tell the Commissioner
who was at that meeting?

12

A. Karen Power, Shirley-Anne, and I
am sorry I can't remember the last name, Meredith Frise,
Mary Costello, Diane Croswell, Mary Cooney, Gloria
Gannasin, Jane Partridge and Phyllis Trayner, also
Carol Putherford and Janet Beed.

17

Q. And then later on in that meeting
at the top of page 9 there is another reference that is
also semi-legible. Would you read it at the top of
page 9 for us?

20

21

22

23

24

25

A. "The doctors don't relay messages
about how sick the children are and then
they die. The fellows need to know more
things about cardiology, that Dr. Freedom





1

2

3

4

nurse's responsibility to air the concerns that came out of the meeting from staff and would take those to the area co-ordinator responsible for the ward.

5

6

7

8

9

10

MS. KITELY: Now, Mr. Commissioner, I have ended any questions I have on that area. What I wish to do is deal with some of the general background that my friend, Ms. Cronk, dealt with the other day. I have tried to organize it in such a way that it will move reasonably quickly and I am confident I can be done by the break.

11

THE COMMISSIONER: Oh, all right.

12

13

14

15

MS. KITELY: Q. Now, Ms. Browne, in the curriculum vitae that was filed there is a short description of the functions of a clinical nurse specialist. Is that a description that you prepared for your own curriculum vitae?

16

A. Yes.

17

18

19

20

Q. Am I correct that the Registered Nurses' Association of Ontario has prepared a statement indicating the description of a clinical nurse specialist?

21

A. Yes.

22

Q. Have you seen such a copy of this statement?

23

A. Yes.

24

25



1

A 6 2 MS. KITELY: Mr. Commissioner, I would
3 offer this as an exhibit. I don't intend to have the
4 entire matter read into the record.

5 THE COMMISSIONER: No, all right.

6 MS. KITELY: Q. Can I just say, Ms.
7 Browne, that this appears to have several categories,
8 namely, it sees the clinical nurse specialist as a
practitioner on the first page?

9 A. Yes.

10 Q. As a consultant?

11 A. Yes.

12 Q. An educator?

13 A. Yes.

14 Q. Change agent?

15 A. Yes.

16 Q. And researcher?

17 A. That is correct.

18 THE COMMISSIONER: What number are we
at?

19 THE REGISTRAR: 303.

20 THE COMMISSIONER: That is Exhibit 303.

21 MS. KITELY: Thank you, sir.

22 --- EXHIBIT NO. 303: Document entitled:
"Statement on the Clinical
Nurse Specialist".

23

24

25



ANGUS, STONEHOUSE & CO. LTD.
TORONTO, ONTARIO

Browne, ex.
(Kitely)

8321

1

AA 7 2

MS. KITELY: Q. Having read Exhibit
303, do you agree with the expanded summary of the
role of a clinical nurse specialist?

A. Yes.

Q. And does it accurately describe
the job that you performed at the Hospital for Sick
Children?

A. Yes. Could I just say in
translating this background into the job description
that was already submitted in my resume or curriculum
vitae. I had included the category and change agent
as part of the other categories, I didn't see it as a
category on its own.

MS. KITELY: Mr. Commissioner, I wish
to highlight some points of interest in Wards 4A and
4B and I have taken the liberty of taking a copy of
what is Figure 2 to the Dubin Report and I would show
you the copy.

THE COMMISSIONER: All right. That is
also, it is attached, is it not, to Exhibit 3?

MS. KITELY: It should be the same
picture.

THE COMMISSIONER: It is also attached
to Exhibit 3. However, I see you have some further
numbers on it. It is Figure 2 I think or some exhibit

24

25



AA 8

1
2 to the Statement of Facts which is Exhibit 3, same
3 document I think.

4 MS. KITELY: It is exactly the same
5 picture.
6

7 THE COMMISSIONER: Well, we will give
8 it a number though anyway and that is a cardiology
9 diagram.
10

11 MS. CRONK: What number was that?
12

13 THE COMMISSIONER: Well, it is going
14 to be 304 although it is identical except for the
15 numbers with one of the exhibits - one of the attach-
16 ments to Exhibit 3. That will be Exhibit 304.
17

18 --- EXHIBIT NO. 304: Cardiology Diagram.
19

20 MS. KITELY: Q. Now, Ms. Browne,
21 have you in fact recently been back to the hospital
22 yourself?
23

24 A. Yes.
25

26 Q. Am I correct that this Exhibit
27 304 has had the numbers inserted on it and to the best
28 of your recollection these numbers are what is there
29 today and what was there during the period July, 1980
30 to March, 1981?
31

32 A. It is.
33

34 Q. I want to highlight a couple of
35 things. First of all, can I take you to the nurses'
36

37

38



A 9

1 station at the bottom part of the description of that
2 paragraph?

3 A. Yes.

4 Q. And in red on either side of the
5 words "Nurses' Station" there appears three sets of
6 lines. Am I correct those are windows?

7 A. Yes.

8 Q. And that those windows open from
9 either the nurses' station side or the patient room
10 side?

11 A. The windows don't open, there
12 are blinds between the glass that can be opened or
13 closed from either side.

14 Q. And would you agree with me that
15 those windows are approximately 18 inches by about 21
16 inches?

17 A. Approximately.

18 Q. All right. Now, moving into
19 rooms 417 and 430, those are the medication rooms,
20 is that correct?

21 A. That is correct.

22 Q. And there are likewise on those
23 rooms two red lines. Would you agree with me that those
24 are windows from the medication room?

25 A. Yes.



A 10

1

2

3

THE COMMISSIONER: I am sorry, I
haven't found them yet.

4

5

MS. KITELY: Immediately above nurses'
station, sir.

6

7

THE COMMISSIONER: Oh, yes, yes, I see.

8

9

MS. KITELY: Q. And to the right of
the red lines in room 417 and to the left of the red
lines in 430 there is an open space and in fact that
is a door?

10

A. Yes.

11

12

Q. Am I correct that in the door
there is also a window?

13

A. Yes.

14

15

Q. And to the best of your
knowledge were many of the infants about which this
Commission is inquiring at one time in room 418?

16

A. Yes.

17

18

Q. And when one was in room 418
caring for a patient is it possible that someone in
the nurses' station could see into room 418?

20

A. As long as the blinds were open,
yes.

21

22

Q. And during the period in question
July, 1980 to March, 1981, can you help us with whether
there was a general rule about whether those blinds

23

25



1

AA 11 2 were open or shut?

3 A. I don't know of a rule.

4 Q. I'm sorry?

5 A. I don't know of a rule.

6 Q. At any time that you were in
7 the nurses' station during that period of time do you
8 have a recollection as to whether they were open or
shut?

9 A. During the day they were
10 generally open, yes.

11 Q. And since there were six beds
12 in both of 418 and 431, does that mean that generally
13 speaking there were two nurses assigned to each of
those rooms?

14 A. Yes.

15 Q. And if one nurse left to have
16 coffee or dinner, was there, generally speaking, a
17 rule that the blinds were open?

18 A. I don't know.

19 Q. In the event there was only one
20 nurse in 418 or 431 would those nurses who were in
21 the nurses' station keep an eye out for the nurse who
was left in 418 or 431?

22 A. Usually.

23 Q. And we have in that area called

24

25



AA 12

1
2 nurses' station just the words. In fact, is there a
3 table there?

4 A. There are two tables.

5 Q. Do they take up most of that
6 area?

7 A. The nurses' station in part is
8 divided again, you can see an outer counter going
9 between 413 to 417.

10 Q. That is the back of the desk?

11 A. Or the front of the desk.

12 Q. As the case may be, yes.

13 A. Yes, okay. And behind that
14 were storage cupboards and then behind that there
15 were two desks with shelves above them which also
16 served as a divider. So, there was a hallway between
17 those two desks and then in the back part of the
18 nurses' station there were two tables.

19 Q. And by the back part do you mean
20 the part closest to the bottom of the page?

21 A. Yes.

22 Q. And what was done at those two
23 tables?

24 A. Generally charging was done there.

25 Q. And if nurses had coffee would
they have it at that table?



1

2 A. Not in the daytime.

3 Q. What about at night?

4 A. At nighttime, yes.

5 Q. Why was there a difference?

6 A. In the daytime it was a busy area
7 and there was sufficient staff and the cafeteria was
8 open and the staff would go to the cafeteria; at night
9 the cafeteria wasn't open and the nurses tended to stay
on the ward.

10 Q. Now, dealing with a couple of
11 other landmarks. If one follows to the top of the page
12 and down the end of the corridor we've got room 409 on
13 the left and room 408 on the right. Am I correct that
the elevator bank is at the end of that corridor?

14 A. Yes.

15 Q. All right.

16 A. There are several offices which
17 would extend above the page, if you will, before you
18 actually leave the ward area and then come to an
elevator bank.

19 Q. And it would be that elevator
20 bank and that entrance that most people would enter the
21 ward from?

22 A. Most people, do you mean the
23 public, if you will?

24

25



1

2 Q. Yes.

3 A. Yes.

4 Q. All right. And am I correct
5 that to the left of the elevator bank and therefore
6 to the left on our picture is where the doctors' rooms
7 were?

8 A. Yes.

9 Q. So, if it was night and someone
10 was on duty sleeping the doctor would come from that
11 vicinity down the hall and onto the ward?

12 A. Yes.

13 Q. And, finally, am I correct that
14 on the immediate left of the picture about parallel to
15 the words Ward 4B there is an elevator that goes
16 directly into the Emergency Department?

17 A. That is correct.

18 THE COMMISSIONER: I am sorry, where
19 is Ward 4B?

20 MS. KITELY: It is not marked on the
21 picture, sir, I thought I ought not to take liberties
22 with the picture.

23 THE COMMISSIONER: No, but it is to
24 the left. Oh, I see it is to the left of this
25 corridor between the corridor and the ...

MS. KITELY: Adjacent to room 439, sir.



ANGUS. STONEHOUSE & CO. LTD.
TORONTO. ONTARIO

Browne, ex.
(Kitely)

8329

1

2 THE COMMISSIONER: Oh, yes, yes.

3 MS. KITELY: Q. All right, to the
4 left of room 439, Ms. Browne, is an elevator?

5 A. Yes. It is not just adjacent,
6 there are some cardiology rooms between room 439 and
7 the elevator.

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25



Browne, ex.
(Kitely)

1

2/DM/ak

2 Q. And we have heard evidence
3 about equipment coming to the floor in a resuscitation
4 and am I correct it would come from that elevator
5 from the Emergency Department?

6 A. It would either come from that
7 elevator to the left of the ward, or it would come
8 up the elevator across from the nurses' station.

9 Q. Adjacent to Room 428?

10 A. Yes.

11 THE COMMISSIONER: Oh, yes, there
12 is an elevator there, all right.

13 MS. KITELY: I'm sorry, sir, do
14 you have the other elevator?

15 THE COMMISSIONER: Yes, I found it
16 now. But where the doctors are I take it - can you
17 tell me where north is on this?

18 THE WITNESS: It is right here.

19 MS. KITELY: Q. North is?

20 A. At the bottom of the page.

21 THE COMMISSIONER: Then I take it,
22 is it to the south of the conference room and the
23 elevators that the doctors sleep?

24 THE WITNESS: Yes.

25 THE COMMISSIONER: And do they all
sleep on that same floor? I know there is one we



1

2

heard that one of the residents sleep overnight, isn't
that right?

3

THE WITNESS: Yes.

4

THE COMMISSIONER: And is he the
only doctor who sleeps, I mean is there only one
doctor sleeping at night?

5

THE WITNESS: No, there would be
a number of doctors that sleep at night.

6

MS. KITELY: Q. Would there be
one for each service, a cardiology, et cetera?

7

A. There certainly was for
cardiology, but not necessarily for every service,
but there would be someone covering each service.

8

Q. It probably doesn't matter at
all, but is this where most of the doctors in the
Hospital sleep and most of the residents who stayed
overnight, there were other residents beside the
cardiology residents I take it sleeping and spending
the night in the Hospital?

9

A. Yes.. Most of the general
residents would sleep there, the speciality areas
like Intensive Care or the Neonatal Unit had sleeping
space on their unit.

10

THE COMMISSIONER: On their own?

11

THE WITNESS: Yes.

12

13



BB3

1

2

THE COMMISSIONER: All right, thank
you.

3

4

MS. KITELY: Mr. Batty has
asked me to point out the Hospital doesn't end at
the top of the page, sir.

5

6

7

Q. In fact, am I correct,
Ms. Browne, that off the page and off the top of
the page there is Wards 4C and 4D?

8

9

A. That is correct.

10

11

THE COMMISSIONER: That is to the
south I take it?

12

13

14

15

THE WITNESS: Yes. And indeed the
area where the residents slept was like a ward unto
itself, which if you were looking at the diagram
would look like the centre part of an E.

16

17

THE COMMISSIONER: Whatever happened
to this view proposal? Has anything come of that?

18

19

20

21

MS. CRONK: Before you cast your
eyes anywhere else, that is in my court and
Ms. Thomson has been more than diligent in pursuing
it for me and perhaps you and I can discuss that
matter later.

22

23

24

25

THE COMMISSIONER: Yes, all right.

MS. KITELY: Now, Mr. Commissioner,

just to tell you where I am next going.



Browne, ex.
(Kitely)

1

2

BB4 THE COMMISSIONER: Yes, all right.

3

4

5

6

7

MS. KITELY: In Ms. Browne's evidence the other day she referred to the Policy and Information Manual which is Exhibit 291 and some ancillary documents, as well as the Standards of Nursing Practice which was marked Exhibit 292.

8

THE COMMISSIONER: Yes.

9

10

11

12

MS. KITELY: And my friend approached this area, Ms. Cronk approached the area from the starting point of the Manual and then going to the standards.

13

14

15

Without belabouring the point, I wish to start with Standards and go to the Manual. In order not to belabour it, Ms. Browne has assisted in preparing a summary.

16

THE COMMISSIONER: Yes, all right.

17

MS. KITELY: I wish to make available

18

THE COMMISSIONER: Exhibit 305.

19

---EXHIBIT NO. 305: Summaries of Various Administrative Practices by Carol Browne.

20

21

22

MS. KITELY: Q. Ms. Browne, am I correct that of the five pages you assisted in the preparation of this document?

23

A. Yes.

24

25



1

2

BB5 MS. KITELY: Mr. Commissioner,

3

if I could just outline: the first one is a general
4 description of the Methods of Administration of
Drugs. The pages are not numbered because there
5 is so few of them.

6

THE COMMISSIONER: Yes.

7

MS. KITELY: The second reference is
8 to Medications and the Registered Nursing Assistants.

9

The third is Administration of
10 Oral Medications by R.N.

11

The fourth is Intravenous Medications
12 and Therapy and the Registered Nurse.

13

The fifth, which is with reference
to documentation.

14

The sixth is Routine for Administration
15 of Drugs. A separate item.

16

What I would like to do, and I think
17 it will be reasonably briefly is take Ms. Browne
18 through these pages.

19

THE COMMISSIONER: Yes, all right.

20

MS. KITELY: The object of the
exercise, sir, as you probably concluded that there
21 are various pieces of information that come from
different sources and this has been an attempt to
22 catalogue in one place.

23

24

25



1

2

THE COMMISSIONER: I'm sure it will
be helpful, yes, thank you.

3

4

MS. KITELY: Q. Dealing then with
the heading "Methods of Administration of Drugs",
Ms. Browne, am I correct that there are an assortment
of methods of administration, that the six listed
there are the general categories?

5

6

A. That is correct.

7

8

MS. KITELY: Mr. Commissioner, can
I ask you to get out your copy of 292, which is
the Standards of Nursing Practice.

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. Now, am I correct that
pursuant to the Health Disciplines Act there are
certain regulations about what registered nurses
can do and what registered nursing assistants can do?

A. That is correct.

Q. And if one looks at page 18

of Exhibit 292, there are distinctions between basic
nursing skills on page 18, and added nursing skills
on page 19. And while there are A level and B level,
in fact the B level is the lowest level, that
assumes the minimum number of skills.

A. The basic level, yes.

Q. The A level assumes the same

skills but it also assumes that the practitioner has



BB7

1

2

had the opportunity to practise some of the skills?

3

A. That is correct.

4

Q. Now, in order to distinguish
between those at pages 23 to 30 there is a chart,
and these are the basic nursing skills, and there
are then the two columns, Registered Nursing A and
B and Registered Nursing Assistant A and B, is that
correct?

9

A. Yes.

10

11

Q. And the ones in which we are
interested are found on pages 26 and 27, and there
is a list of skills under "Preparation and Administra-
tion of Medications..." on the left hand side of
the page, is that right?

14

15

A. That is correct.

16

17

Q. And there then follows a series
of six kinds of medications, and those six are the
ones that are listed on the first page of the
summary, is that right?

19

A. That's correct.

20

21

Q. So I would like to go back to
the first page of the summary. Would you agree
with me that under "Oral" it can be administered
either in liquid form, by capsules or tablets?

23

A. Yes.

24

25



Browne, ex.
(Kitely)

BB8

1

2

3

4

5

Q. And the way in which they

have been described there by spoon, or by opening capsules and whatnot is the standard way of delivering those kinds of medications.

6

7

A. In particular to pediatric

patients, yes.

8

9

10

11

Q. Then there follows the intra-

venous method of administration, and under

Administration there are three categories; there

is peripheral venous line, central venous line and

umbilical line, is that correct?

12

A. That is correct.

13

14

15

16

Q. Is it fair to say that while

we have included umbilical for purposes of description,

the two that were most of interest on the ward were

the peripheral venous line and the central venous

line?

17

A. Yes.

18

19

20

21

Q. And you have distinguished

between them, the peripheral venous line applying

to smaller vessels and being attached to extremities

or scalp in the case of many infants?

22

A. Yes.

23

24

25

Q. And central venous lines being

those of a more significant vessel such as the neck



B9

1 or in some infants an elbow?
2
3

A. Yes.

4 Q. And although we have included
5 groin, am I correct babies are usually so active
6 that the groin is not often the place of insertion?
7

A. That is correct, and it is not
8 the cleanest place either.
9

Q. Now, under those three of the
10 summary, there are what is called "Injection Sites",
11 and there are listed, there are four places in which
12 a drug can be administered using an IV; the IV bag
13 or vacolitre, the buretrol, two sites below the
14 buretrol and where the tubing connects to the patient,
and are those your breakdowns?

A. Yes.

Q. Now, we have had the IV posted
16 on the board here. Over the weekend did you have
17 an opportunity to review this photograph?

A. Yes.

Q. And in fact is the labelling
20 on this photograph from you?

A. Yes.

Q. Is this an attempt to label the
22 various items in a standard IV apparatus?
23

A. Yes.

24

25



BB10

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

MS. KITELY: And before, Mr. Commissioner, I tried to figure a way to put this on the board and it won't stay. I also don't think that my friends can all see it. Could I simply point out through the witness and for you the various items and leave it for my friends to look at it at their leisure?

THE COMMISSIONER: Certainly.

MS. KITELY: Q. You have indicated the obvious at the top. Mr. Commissioner, might we do this in a way that perhaps you also can see in the event you have any questions.

THE COMMISSIONER: Yes, all right.

MS. KITELY: Q. You have indicated at the top the IV bag, or the IV pull.

THE COMMISSIONER: I wonder if there isn't something we could do because it will just --

MS. KITELY: I was going to point out on the equipment while the Commissioner looked at the photograph.

THE COMMISSIONER: Remember a thousand years ago we had that beautiful machine.

MS. KITELY: We did, yes.

THE COMMISSIONER: Whatever happened to that? Did we borrow that for the day, that



1

2

picture machine?

3

4

5

6

MS. KITELY: If that is the case, sir, perhaps that can be organized for first thing in the morning. I want to enter this as an exhibit because it does have the labels on each of the parts.

7

8

9

10

11

12

13

14

THE COMMISSIONER: Yes, it just won't work if we try to have a private conversation, I don't know how we will do it. I think the best thing to do would be to tack it on the wall and you go over there and try and --

15

16

17

18

MS. KITELY: Mr. Commissioner, the words, I have tried it from a distance with my friend, they cannot readily be seen but I am sure my friends will avail themselves of the picture later.

19

20

21

22

23

24

25

Q. Ms. Browne, we have the IV pull which obviously is not on our apparatus here, the IV bag or vacolitre is this portion of the apparatus?

A. That is correct.

Q. Now then there is an injection site.

A. Yes.

Q. And that is this little knob right here underneath the bag, is that correct?

A. That's correct.



1

2

Q. The next thing is the clamp
to control the flow from the IV bag to the buretrol,
and that is this clamp right here.

3

A. That is correct.

4

Q. And that goes faster or slower.

5

A. Yes, or closes off.

6

Q. And another one is another
injection site and that is at the top of the buretrol.

7

A. Correct.

8

Q. And on this one there is another
clamp right there, the blue thing is the clamp.

9

A. Yes.

10

Q. That only stops or starts, it
does not go faster or slower?

11

A. No, that is correct.

12

Q. The next is the course of
buretrol and it is a buretrol of 150 cc's.

13

A. Yes.

14

Q. Where there is some confusion
with reference to a pedatrol of 50 cc's.

15

A. That is correct.

16

Q. The last thing at the bottom
of the picture and also in the equipment is the
drip chamber?

17

A. Yes.

18

19



1

2

Q. The obvious IV tubing is at
the bottom and it goes from the drip chamber
through to the clamp and we have another clamp on
this photograph which is pictured right next to the
tube on the photograph. This clamp, the blue one,
again makes the flow go faster or slower?

3

A. That is correct.

4

Q. Then we have another injection
site, this blue one here with the top on it?

5

A. Yes.

6

Q. And another blue one here at
the top and those are what are referred to in the
picture as - the injection site and in brackets
says sometimes there are two.

7

A. Yes.

8

Q. So that is with reference
to the fact that the apparatus we have as an exhibit
has two but the photograph in fact has only one.

9

A. Yes.

10

Q. And then there is another
clamp, this one right at the very top of our
equipment, and again this is stop or start clamp,
this is not a control of the flow in terms of fast
or slow?

11

A. That is correct.

12

13

BN.jc
CC 1

2 Q. The last thing we have at the
3 bottom of the picture is what is called a butterfly
4 needle, and that is this apparatus with the green
5 on it, and I think you pulled apart at the orange
6 the disconnecting tube and you indicated that that
7 was something that an RNA could put back together?

8 A. Yes.

9 MS. KITELY: Mr. Commissioner, I do
10 not think the photograph will stay, but might I
offer it as an exhibit?

11 THE COMMISSIONER: Yes, fine. The
12 photograph will be Exhibit 306, but will the photo-
13 graph not photograph on our machine?

14 MS. KITELY: I will look into it, sir.
15 THE COMMISSIONER: That is 306 anyway,
16 the photograph, but can we try to see if -- I was
17 just wondering if you are going to refer to it again
if we should not try to get it copied?

18 MS. KITELY: I think it would be a
19 good idea, sir. I will speak to Ms. Cronk about it
20 perhaps. We can provide the negatives, if that is
appropriate.

21 THE COMMISSIONER: Well, if you can
22 promise us five minutes without any more exhibits,
23 the Registrar can go and see if he can photocopy it.

24
25



CC.2

1

2 MS. KITELY: I can promise five minutes
3 without exhibits.

4

THE COMMISSIONER: Yes, all right.

5

---- EXHIBIT NO. 306: Photograph of I.V. System.

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

MS. KITELY: Q. Going back to the summary, Ms. Browne, you have indicated under injection sites, the various ones we have just reviewed, that the two sites below the buretrol, namely this blue one and this blue one here, can be classified as insertion by push medication; is that correct?

A. Yes.

Q. Now, we have included 3, 4, 5

and 6 as methods of administration, but for purposes of this hearing, I am correct that they do not particularly apply to the evidence that you have to give?

A. No, we have not dealt with it in these pages. 3 and 4 are used with children; 5 and 6 I am not familiar with.

Q. Now, as I understand the Standards of Nursing Practice, the basic nursing skills are what are described in these pages, 23 to 30. In addition to that there is something called Added Nursing Skills; is that correct?



CC.3

1

A. That is right, yes.

2

Q. And there are added nursing

3

skills for registered nurses on the one hand and
registered nursing assistants on the other; is that
correct?

4

A. That is correct.

5

Q. The added skills for registered
nurses are found at pages 31 to 33 and for registered
nursing assistants at pages 34 and 35; is that correct?

6

A. That is correct.

7

Q. Then, the Standards of Nursing
Skills are what the Regulations tell nurses and
nursing assistants they can do?

8

A. That is right.

9

Q. Then there is, of course, the
Hospital Manual, which is what each hospital decides
its personnel will perform?

10

A. That is correct.

11

Q. Am I correct that if the
hospital says something in addition to what the
Standards of Nursing Practice say, that the Standards
apply?

12

A. Yes.

13

THE COMMISSIONER: I am sorry, which --

14

MS. KITELY: Q. If the Hospital Manual

15

16



CC.4

1

2 says something that is not authorized by the
3 Standards of Nursing Practice, then the Standards
4 apply and the nurse is not ---

5 THE COMMISSIONER: Standards of Nursing
6 Practice apply?

7 MS. KITELY: The Standards apply in
8 the event of a conflict between the two.

9 THE COMMISSIONER: Between the Hospital
10 and the College of Nurses, which applies?

11 MS. KITELY: Q. The College applies;
12 is that correct?

13 A. That is correct.

14 Q. So that if the Standards say
15 that a nurse can do X and the Hospital Manual says
16 the nurse can do X + 1, in fact, the nurse can do X?

17 THE COMMISSIONER: Well, that is what
18 you say. That is the sort of thing that we call
19 in my profession a question of law. Is this your
20 interpretation or is there something that sets that
21 out?

22 MS. KITELY: If you wish, sir, we will
23 call someone from the College of Nurses.

24 THE COMMISSIONER: I am sure that they
25 would say that, but what about somebody from the
Hospital, what do they say?



CC.5

1

2 MS. KITELY: Well, perhaps we will
3 end up calling that person. Sir, for purposes of
4 showing how these various documents fit together, it
5 is in my submission important that you understand
6 there could be a conflict, and this witness' under-
standing of what happens if there is.

7

8 THE COMMISSIONER: Yes, but why have
9 you reached this conclusion that the College of
10 Nurses supersedes the Hospital? If I were working
11 for the Hospital, I would be inclined to do what they
tell me.

12

13 THE WITNESS: Because we are licensed
14 by the College.

15

16 THE COMMISSIONER: But you are
17 employed by the Hospital.

18

THE WITNESS: Yes.

19

20 THE COMMISSIONER: It sounds pretty
21 dangerous to me, but does this conflict come up very
22 often? Is this going to be important?

23

MS. KITELY: It does in the Manual, sir.

24

25 THE COMMISSIONER: Yes, Mr. Olah, do
you seem to have the solution to this problem?

26

27 MR. OLAH: I do not have a solution,
28 but obviously we are talking about a situation where
29 the Hospital guidelines are broader than the College's.

30

31



CC.6

1

2 I am wondering whether my friend can assist us by
3 asking the reverse question?

4 THE COMMISSIONER: Obviously she says
5 that the College of Nurses is the boss.

6 MS. KITELY: Well, I am going to
7 ask the reverse question and the answer is different.

8 THE COMMISSIONER: Oh, is it? That
9 is interesting.

10 MS. KITELY: If I might ---

11 THE COMMISSIONER: Whichever is the
12 more restrictive, is that the idea?

13 MS. KITELY: That is correct, sir.
14 If I might state the question again so that it is
15 clear.

16 Q. In the event the College says
17 one can do X and the Hospital Manual says X + 1, the
18 nurse is licensed to do only X; is that correct?

19 A. That is correct.

20 Q. But if the College says the
21 nurse can do X and the Hospital says it is X - 1,
22 for purposes of that institution, the nurse will
23 only do X - 1?

24 A. That is correct.

25 THE COMMISSIONER: What you are saying
is the Hospital cannot broaden your mandate but it



CC. 7

1

2 can shorten it or lessen it?

3 THE WITNESS: That is right.

4 THE COMMISSIONER: Well, that is
5 interesting, but why would the Hospital want to broaden
6 your mandate if it had no effect?

7 THE WITNESS: What do you mean it had
no effect?

8 THE COMMISSIONER: Well, because you
9 cannot do it because if the College of Nurses say
10 you cannot do it, the Hospital says you can, then you
11 cannot. So why then would the Hospital bother to say
12 you cannot?

13 THE WITNESS: I think that comes into
roles and responsibilities, and I think there have
14 been conflicts between nursing and other professions
15 in terms of nursing taking on more responsibility.

16 THE COMMISSIONER: You say that is
17 your law, but where do you get it from? Is there
18 something in the law of the land that says -- something
19 in your licence that says the College of Nurses will
be supreme?

20 THE WITNESS: Those are the Standards
21 from which we are licensed.

22 MS. KITELY: Mr. Commissioner, if you
23 wish law on the point, I would be pleased to provide

24

25



CC. 8

1

2 it to you. Can I ask you in order to facilitate
3 review of the Manual that you assume that?

4 THE COMMISSIONER: To stop fussing
5 about this sort of thing, is that what you mean? Well,
6 it may not make any difference, but you are putting
7 it to me as a -- and when somebody tells me the
8 functions of the human body, I am inclined to take
9 what they have to say. But when somebody tells me
10 what the law is, I do not feel I am bound to accept
their opinion.

11 MS. KITELY: This witness has put
12 forward her opinion as to what the law is, sir,
13 and I would be quite happy to give you law on the
14 point at some point in time. But it is necessary
15 that that be understood because of the conflict
16 between the Manual and the Nursing Standards.

17 THE COMMISSIONER: Well, I respectfully
18 put it to you that I do not yet understand it. So
19 perhaps if this is given to me as evidence, I do not
20 accept it as evidence until you give me authority for
21 it, because if there are two conflicting orders, two
22 conflicting scopes of employment, from the two, I
23 would be inclined to think the opposite of what the
24 witness has just said. I might be wrong and there
might well be some law that says something to the
contrary.

25



CC.9

1

2

3

4

MS. KITELY: I feel, sir, like I am
in the Court of Appeal as opposed to in a hearing. I
would be quite pleased to give you law on that point.

5

THE COMMISSIONER: Yes, all right.

6

MS. KITELY: But can I ask you for
purposes of this witness' evidence to make that
assumption?

7

THE COMMISSIONER: Just to take it and
stop fussing, yes, all right.

8

MS. KITELY: It is going to make my
projection of finishing a little difficult otherwise,
sir.

9

THE COMMISSIONER: I know, all right.

10

MS. CRONK: That is an incentive, sir.

11

THE COMMISSIONER: All right, I will
try; that is all I can say.

12

MS. KITELY: Q. Can I then ask you to
turn to the next page, and the heading is "Medications
and the Registered Nursing Assistant". This page has
been divided into two parts, oral at the top and
intravenous at the bottom.

13

Mr. Commissioner, you will see that
there are page references. I do not propose to go
through each one or I will not finish in my time limit.
I have noted them so that they can be there for future

14

15



CC.10

1

2 reference. Under the oral medication, an RNA under
3 Exhibit 292 is not authorized to prepare and
4 administer oral medications; is that correct?

5 A. That is correct.

6 Q. But would you agree with me that
7 under "Added Nursing Skills" for an RNA that she is
8 authorized to prepare and administer oral medication?

9 A. That is correct.

10 Q. Then we look at the Policy and
11 Information Manual, and in paragraph 14.13 there is
12 an indication that a RNA may administer oral
medication?

13 A. That is correct.

14 Q. In 14.14 there is a provision
15 that all such oral medications must be poured by a
16 qualified nurse, and I will not get into the
distinction between a qualified and a certified nurse.

17 The Registrar has come up with the
18 picture. Thank you.

19 THE COMMISSIONER: Yes, all right.

20 The Registrar points out to me that some of the lines
of the photograph do not extend into the black.

21 MS. KITELY: They do not, sir, and
22 I tried to find a way that would. The only one that
23 matters is, if you look on the left-hand side, they

24

25



CC.11

1

2 are all parallel with the item. On the right-hand
3 side, the I.V. tubing is parallel. The injection site
4 is this one here, the blue one, and on the picture
5 there is a different kind, you will notice, but just
6 assume that there are two like this. The clamp to
7 stop the flow is in the middle of the picture right
8 adjacent to the pole and it is one of these blue
9 plastic things. The clamp to control the flow from
10 the buretrol to the body is this blue clamp here,
11 and it is right attached on your picture to the pole,
12 as it were. It appears to be attached; it is not,
13 it is hanging. Disconnecting the I.V. tubing from
14 the fine tubing, in the picture it is at the bottom
15 of the right-handed injection site, and for purposes
16 of the exhibit we have before you, the demonstration,
17 it is this thing here, the orange thing. The butterfly
18 needle is adjacent.

19

Now, I left off ---

20

THE COMMISSIONER: Yes, that photograph
21 is Exhibit 306.

22

MS. KITELY: Q. I left off under the
23 Policy and Information Manual, Ms. Browne, which
24 indicates under 14.14 that all oral medications must
25 be poured by a qualified nurse. Am I correct that
your evidence the other day was that in actual



CC.12

1

2 practise an RNA rarely gives oral medication?

3

A. That is correct.

4

Q. And that an RNA never prepares
5 oral medication?

6

A. That is right.

7

Q. Then if I can take you to 28.45,
which indicates that an RNA is not permitted to
8 calculate medication doses, prepare, pour, deliver
9 or record medications?

10

A. That is correct.

11

Q. And that is consistent with, at
12 the top of the page, the basic nursing skills?

13

A. Yes.

14

Q. If I can take you then to 14.16,
which says that a qualified nurse giving a dose of
15 digoxin must have the calculations and the amount
checked with a second nurse, and you gave evidence
16 that in actual practice it would be measured by an
RN, checked by an RN and administered by an RN?

17

A. That is correct.

18

Q. Now, if we can look at the
intravenous, under "Basic Nursing Skills," a registered
nursing assistant is not authorized to prepare and
administer I.V. medications; is that correct?

19

A. That is right.

20

21

22

23

24

25



CC.13

1

2 Q. Under the "Added Nursing Skills"
3 as indicated at the top, an RNA can prepare and
4 administer certain medications but not including an
5 I.V. route?

6

A. That is right.

7

Q. So it is the bottom line, as it
were, that a registered nursing assistant has nothing
to do with the preparation or administration of any
medication by the I.V. route?

10

A. That is right.

11

Q. Then dealing with the Policy
and Information Manual at 28.42, there is a list of
the things that an RNA may do, and those are basically
observing and transporting?

14

A. That is right.

15

Q. Then at the bottom again under
28.45 is a repeat of the exclusion, and it is repeated
because it is in the intravenous paragraph as well as
in the oral paragraph; is that correct?

19

A. Yes.

20

Q. Now if we can deal with the next
page, which is oral medications by a registered nurse,
and according to the "Standards of Nursing Practice",
both A and B level may administer oral medications; is
that correct?

24

25



ANGUS, STONEHOUSE & CO. LTD.
TORONTO, ONTARIO

Browne, ex.
(Kitely)

8356

CC.14

1

2 A. Yes.

3 Q. And the Policy and Information
4 Manual is consistent with that at 14.13?

5 A. Yes.

6 Q. There was a question raised the
7 other day about one RN giving a medication for another
8 staff member, and I understood your evidence to be
9 that the actual practice is that while one nurse
10 might give another nurse's medication to a patient,
11 in fact it would be only if the one nurse both poured
and administered?

12 A. That is correct.

13

14

15

16

-

17

18

19

20

21

-

22

23

24

25



D/BB/ko

1
2 Q. If we can turn then to the
3 intravenous medications and therapy in the Registered
4 Nurse. This is where the photograph will come in
5 handy, sir.
6

Under the Basic Nursing Skills an RN
6 may administer above the drip chamber. So, that would
7 be in the photograph on the left-hand side, the
8 injection site into the IV bags, is that correct?
9

A. Yes.

10 Q. Under Added Nursing Skills the
11 Standards provide that an RN may sometimes administer
12 below a drip chamber?

A. That's right.

13 Q. Now we come to something that is
14 called Sanctioned Medical Acts, and if I might take
15 you, Mr. Commissioner, back to Exhibit 292, to page
16 36. These are the Introduction and Definitions.
17 Might I put it to you this way. Am I correct that
18 the College of Physicians has made a list of certain
19 functions which a registered nurse can do?

20 A. That they would delegate to a
21 registered nurse?

22 Q. Yes.

23 A. Yes.

24 Q. This is in addition to the basic
25



1

2 and the added there are another group of functions
3 which the physicians say can be delegated to an RN?

4 A. Yes.

5 Q. Am I correct that of that list
6 of functions the College of Nurses has said that some
7 of those they will accept as capable of being
delegated to RNs?

8 A. That's right.

9 Q. And am I correct that the former
10 ones that the College of Physicians will delegate are
11 described as Delegated Medical Acts?

12 A. Yes.

13 Q. And am I correct that those that
the College will accept as capable of delegation are
14 called Sanctioned Medical Acts?

15 A. Yes.

16 Q. And going back to the Summary
then on intravenous medications there is an entry
17 under Sactioned Medical Acts, and am I correct that
18 the only one that is really of any reference to these
proceedings is found at pages 42 to 44 and it indicates
20 than an RN who is certified may start an IV therapy in
21 life threatening situations?

22 A. Yes.

23 Q. But that otherwise to your

24

25



DD 3

1

2 knowledge we are not involved or interested in
3 Sactioned Medical Acts?

4 A. Yes.

5 Q. Now, if we can go to the Policy
6 and Information Manual. It is consistent with the
7 Basic Nursing Skills which indicates that an RN may
8 add medications above the drip bulb?

9 A. Yes.

10 Q. But in 18.02 it restricts some-
what by saying that:

11 "All I.V. medications are to be given
12 by the 'push' method but must be given
13 by the doctor."

14 A. Yes.

15 Q. In paragraph 17.01, 17.03 and
16 17.04 there are descriptions of what a nurse can do
17 in accordance with the Manual. But can I take you
down to 16.06 which says:

18 "Specially trained and certified
19 registered nurses working in the areas
20 designated may administer I.V. medi-
21 cations directly into the I.V. site
22 or below the drip chamber as ordered
23 by the physician."

24 A. Yes.

25



DD 4

1

2

3

4

Q. In actual practice you have given evidence that an RN may administer below the drip chamber?

5

A. Yes.

6

7

8

9

Q. However, we must then go back to the Manual at 16.06 which indicates an exception to that general rule. Am I correct that digoxin is an exception and any IV digoxin must be administered by a physician?

10

A. That is correct.

11

12

Q. Whether it is above or below the drip chamber it must be administered by a physician?

13

A. Yes.

14

THE COMMISSIONER: I am sorry, where do I find that?

15

MS. KITELY: 16.06 in Exhibit 291.

16

THE COMMISSIONER: Exhibit 291.

17

MS. KITELY: It is the Manual, sir.

18

THE COMMISSIONER: That is 292.

19

MS. KITELY: No, this one, sir.

20

THE COMMISSIONER: Oh, that other one,

21

oh, yes.

22

MS. KITELY: The Hospital Manual.

23

THE COMMISSIONER: The Policy and Information Manual?

24

25



DD 5

1

2 MS. KITELY: Yes, sir, and it is 16.06.

3

4 THE COMMISSIONER: That's fine, I've
got it. 16.06, that is referred to the Summary - oh,
Exception, I see, digoxin.

5

6 MS. KITELY: Number 2, sir.

7

8 THE COMMISSIONER: Digoxin, I see,
okay, that's fine. It was down here if I just read on
further.

9

10 MS. KITELY: Yes.

11

12 THE COMMISSIONER: Okay.

13

14 MS. KITELY: Q. So, having reviewed
Exhibit 306, which is the picture, while there are
places on an IV apparatus, namely, above the drip
chamber that a registered nurse can sometimes administer
medication through, digoxin is not one of those?

15

16 A. That is correct.

17

18 MS. KITELY: Sir, I want to finish the
last two pages and then I will be done. It is 3:27
according to my calculations.

19

20 THE COMMISSIONER: No, no, that's fine.

21

22 MS. KITELY: Finish now?

23

24 THE COMMISSIONER: Well, if that is
convenient to you.

25

26 MS. KITELY: I would prefer to, sir.

27

28 THE COMMISSIONER: Yes, all right.

29



DD 6

1

2

MS. KITELY: All right.

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. Now, when you were examined the other day, as I recall it, you were asked about some of the documents that were or were not being filled out and charted and whatnot and that this chronological documentation is an effort to list the documents that are generally used in a chart, is that correct?

A. With the exception of the patient care plan.

THE COMMISSIONER: I am sorry, with the exception of what?

THE WITNESS: Of the patient care plan.

MS. KITELY: She is referring to item 3 sir and, am I correct, that the patient care plan isn't usually in the chart?

THE WITNESS: It may or may not be.

MS. KITELY: Q. All right. And likewise number 4 being the medication ticket?

A. That is correct.

Q. It is not in the chart?

A. That is correct, yes.

THE COMMISSIONER: Well, are we going to go over the Leith chart or not?

MS. KITELY: Yes. I have chosen this one, sir, just because it seems to have all of the



DD 7

1
2 items. All I would like to do is go through each of
3 them and have them identified by page. There was some
4 confusion I think about chronology and I wonder if the
5 witness could see Exhibit 104.

6 THE COMMISSIONER: Yes. Have you got
7 104 for the witness, please?

8 THE WITNESS: Thank you.

9 MS. KITELY: Q. Now, I will ask you
10 to turn to page 122, and this is the document, the form
11 that starts the patient out in the hospital, is that
12 correct?

13 A. That is correct.

14 Q. And this is usually completed
15 by the resident, the fellow and the cardiologist?

16 A. Over a period of time, yes.

17 Q. Right. And in the Leith chart
18 it goes for three pages, the functional enquiry on
19 page 124 and the physical examination on page 125?

20 A. Yes.

21 Q. The next chronological document
22 is the nursing history which in this book we find at
23 page 92 and when the child comes to the floor the
24 admitting RN or RNA will complete portions of this
25 form?

A. That is correct.



DD 8

1

2

Q. The next one which is called --

3

THE COMMISSIONER: I take it charts
don't usually look like this, they are not usually
put together in a book like this, are they?

4

5

MS. CRONK: The Commission staff did
that, sir.

6

7

THE COMMISSIONER: And did the
Commission staff have that document in any particular
order?

8

9

MS. CRONK: No, we photocopied it in
the order in which they were provided to us in the
sense that if you examine any of the original medical
records there are documents clipped on the left-hand
side of the file folder and the greater wealth of
documents on the right-hand side.

10

11

THE COMMISSIONER: They are not put
together in any particular order, or are they?

12

13

MS. CRONK: The order in which we
received them.

14

15

THE COMMISSIONER: No, no, I understand
that. I haven't been able to detect any order.

16

17

MS. CRONK: I don't defend the logic,
sir, only the reason for the copying.

18

19

THE COMMISSIONER: All right. Well, I
take it you had a file, did you, is that what happened,

20

21

22

23

24

25



DD 9

1 2 you had a file that you got from the hospital?

3 MS. CRONK: Yes.

4 THE COMMISSIONER: And you just gave
5 that to someone to photostat and then when they all
6 came out of the photostating machine you put them
7 together and presumably it was in the same order that
you got them in?

8 MS. CRONK: Exactly right, sir.

9 THE COMMISSIONER: Yes. Well, I am
10 delighted that you did that but it doesn't seem to
11 have given us that much assistance because the order
12 makes no sense.

13 MS. CRONK: Well, I can assure you, sir,
14 that if I applied my logic to the chronological order
15 of that we would have a complaint of a different kind
before us perhaps.

16 THE COMMISSIONER: Yes, I have no doubt,
17 I have no doubt. Yes, all right.

18 MS. KITELY: Q. The next item which
19 is the patient care plan we won't find in the chart of
Leith at any rate?

20 A. That's right.

21 Q. And in the normal course it is
22 not included in the chart?

23 A. No, it is not a permanent part of

24

25



1

DD 10 2 the patient's chart.

3 Q. I am showing to you a document
4 which is noted on the right-hand side to be a patient
care plan.

5

6 THE COMMISSIONER: 307.

7

7 --- EXHIBIT NO. 307: Document entitled:
"Patient Care Plan".

8

9

10

MS. KITELY: Q. And this is the next
item in chronological order and it is completed either
by the nursing nurse in charge or the team leader, is
that correct?

11

A. That is correct.

12

13

Q. And this is something that stays
with the chart until the child is discharged?

14

A. Yes.

15

16

17

Q. All right. The next item on my
list is what is called a medication ticket and this we
don't have a sample of but can you describe it in
size?

18

19

20

A. Probably an inch and a half by
an inch and a half, it was a small green card, card-
board.

21

22

23

Q. Mr. Commissioner, I understand
the hospital is now on the unit dose system and doesn't
have medication tickets readily available.

24

25



1
2 DD 11 This is the small ticket on which the
3 drug medications are written, is that correct?

4 A. Yes.

5 Q. All right. So, it is the nurse
6 in charge or the team leader who takes from the
7 doctor's order that we are going to come to in a
minute and puts it on the medication ticket?

8 A. That's right.

9 Q. The next item is what is called
10 the master problem list and in the chart that we have,
11 that is at page 91?

12 A. Yes.

13 Q. You have indicated that this is
14 completed by the resident, the nurse in charge and the
team leader?

15 A. Yes.

16 Q. And looking at the master problem
17 list in Leith, are those kinds of short synopses
18 typical of what we would find on a master problem
list?

19 A. Yes.

20 Q. Next we have the acute self-
21 limited temporary problems, and that is at page 95 of
22 the chart. You have indicated this is completed by
23 the resident, the nurse in charge, the team leader, the

24

25



OD 12

1
2 RN or the RNA; in other words, any of the people
3 involved in the care of the child could complete this?

4 A. Yes.

5 Q. Looking at page 95 there appear
6 to be a series of problems, a total of 7 from
7 respiratory failure to cardiac status to parental
8 anxiety to nutritional status - I can't read number
9 5 - but then skin and nutrition are the last two.

10 A. Yes.

11 Q. Again, would that be a typical
12 example of what one would put on an acute self-
13 limited temporary problems form?

14 A. Yes.

15 Q. Next is what are called the
16 progress notes and in the Leith chart they are found
17 at pages 127 to 179. We have heard evidence from
18 other witnesses reading at some length from the
19 progress notes but just for purposes of your evidence,
20 is it the case that any of the resident, the fellow,
21 the cardiologist, the nurse in charge, the team leader,
22 the RN or the RNA could in fact fill anything out on
23 that form?

24 A. Yes.

25 THE COMMISSIONER: Are those the right
26 pages, 127, 129?



1

2 DD 13 THE WITNESS: There are a couple of
3 sheets that don't fit so well.

4 MS. KITELY: They are in the middle,
5 that's the problem.

6 THE COMMISSIONER: They start at page
7 130 in my book; 130, 131, 132, and they go on, 133.
8 You see, what I have got for 127, 129 are clearly not
9 progress notes, they are something else.

10 MS. KITELY: I think you are right, sir.
11 Perhaps we ought to change item number 7 starting at
12 127 to starting at page 130. But they do end up at
13 179.

14 THE COMMISSIONER: 179, yes, all right.

15 MS. KITELY: Q. Now, the next one is
16 what we are calling doctor's orders and for purposes
17 of the Leith chart we will find those at pages 215
18 through to - oh dear, I think the numbers are wrong,
19 sir, I apologize for that. In fact, the doctor's
20 orders go from 215 to 237.

21 Now, under that you have noted that
22 these will be completed by the medical staff or the
23 nurse in charge or team leader. As a general rule,
24 are they filled out by the doctor?

25 A. Yes.

26 - - - -

27

28



Browne, ex.
(Kitely)

1

2

3

4

5

Q. And it is only if there is

a telephone instruction that the head nurse or team leader will fill it out, and then the next time the physician is on the ward he will initial it.

6

A. That is right.

7

Q. Now under that we have

8

described a series of five kinds of standards orders. The first one is a standard order, for example, vitamins. The second is a PRN, and Mr. Commissioner, you will note the Latin for PRN is included in brackets there. The Latin words means "to be administered as needed", is that correct?

13

A. Yes.

14

Q. Then there are kinds of

15

medications which we will call stat, and by way of example could we look at page 239 in the Leith chart which is the medication and treatment record. The first entry on the 31st and the 1st is for Lasix IV stat, and that is an example of a stat medication.

19

A. Yes.

20

Q. And it is ordered once and given once right away?

22

A. That's right.

23

Q. Then there are narcotics and hypnotics that are automatically discontinued after

24

25

/DM/ak



1

2

EE2
48 hours?

3

A. Correct.

4

Q. And mood altering and sedatives

5

which are automatically discontinued after seven days?

6

A. Yes.

7

Q. Am I correct that those five
8 are an effort to generally describe the kinds of
9 doctor's orders that a nurse would experience at the
Hospital for Sick Children?

10

A. Yes.

11

Q. Now, let me take you back
12 to the medication ticket, No. 4. Once the doctor
13 has done his orders under No. 8, it is the nurse
14 in charge or team leader who then completes the
15 medication ticket?

16

A. That is correct.

17

Q. So by way of an example, if
one were to look at page 237 in the Leith chart
18 the doctor's order on the top it says, in the third
19 line:

20

"Start digoxin at 0.013 milligrams."

21

The head nurse or nurse in charge would take that
information, put it on this little medication ticket
22 and put the ticket on the time slot that was
23 prescribed?

24

25



EE3

A. That is correct.

Q. Going then to the next item which is No. 10, I'm sorry, I missed No. 9. When the doctor does an order he also has to do a requisition. Sir, I think I might have confused you with No. 9.

THE COMMISSIONER: Yes.

MS. KITELY: I'm going to move on to No. 10 and I will deal with that in a moment.

Q. Under No. 10, being the medication and treatment records it starts in the Leith chart at page 239, and as you have noted, the first three columns namely date ordered, medication and nursing treatment, and time, are completed by the nurse in charge and the team leader.

A. Yes.

Q. So the same person who does the medication ticket also does the medication and treatment record?

A. Yes.

Q. And then when the drug is given the nurse who actually gives the drug signs off in the column under date, is that correct?

A. Yes.

Q. And will use the term "sign off",

25



Browne, ex.
(Kitely)

EE4

1
2 you mean putting initials under one of those date
3 columns?
4

5 A. Yes. Generally thought it
is the full signature rather than initials.
6

7 Q. Well, looking at the Lasix,
for example, there appear to be initials?
8

9 A. That was a physician.
10

11 Q. Do physicians usually use
12 initials?
13

14 A. Sometimes.
15

16 Q. And the next one is what is
17 called the "Fluid Record Work Sheet", and this you
18 won't find in the chart, is that correct? This is
not something that usually stays with the chart?
19

20 A. That is right.
21

22 Q. That, Mr. Commissioner, is
23 Exhibit 154 and this is the document that is kept
24 at the bedside and on which the nurse writes intake
25 and output, among other things?
26

27 A. That is correct.
28

29 Q. And Exhibit 154 is a blank
30 fluid record work sheet, but would you agree with
31 me that one of these stays at the bed for several
32 days until it is filled up?
33

34 A. Well, there is a different
35



1

2

EE5 sheet for each shift, so there would be several at
3 the bedside.

4

Q. Are they discarded after a
5 couple of days?

6

A. Yes.

7

Q. And then the last one on our
8 list is what is called the flow sheet, and in this
9 chart it is found at page 276 to 288 and this is
10 completed at the nursing station on the basis of
Exhibit 154, is that correct?

11

A. That is correct.

12

Q. So the nurse at the bedside
13 makes her notations as the observations are made
14 then takes the sheet to the work station and at the
15 table in the nursing station that you have described
16 will sit down and put from the work sheet on to the
flow sheet?

17

A. That is correct.

18

Q. Now, if I can deal with one
19 last point and that is on the final page of the
20 summary and it is called "Routine for Administration
21 of Drugs". In this page have you endeavoured to
22 set out the nine steps from start to finish that a
nurse goes through in administrating any drug?

23

A. That is correct.

24

25



EE6

1

2

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

Q. And so we start with the

nursing care plan, which is Exhibit 307, and the nurse will look at that to see what is needed?

A. That's right.

Q. Then the nurse will go to the doctor's order which on the previous page was Item No. 8.

A. Yes.

Q. And then will check again.

The third stage is to check against the medication card which on the previous page was Item No. 4, described as medication ticket?

A. That is correct.

Q. Then the nurse goes to the medication room, takes the medication from the shelf and checks the medication with the medication card or ticket?

A. That is correct.

Q. Then she calculates the dose by using her mental arithmetic or calculator as the case may be?

A. Yes.

Q. She draws up the dose by placing it in a syringe or in the case of oral medication in a cup?



1

2

A. Correct.

3

4

Q. She rechecks against the
prescribed dose and label on the drug?

5

A. Yes.

6

7

Q. Returns the drug to the
cupboard?

8

9

A. Yes.

10

11

12

Q. Takes the drug in either
the syringe or medication cup to the patient's room
and checks the name of the patient as far as the ID
band is concerned against the name of the medication
ticket?

13

A. That is correct.

14

15

Q. And those are the steps
necessary for a nurse administering any drug?

16

A. Yes.

17

MS. KITELY: Those are all the
questions I wish to ask of this witness.

18

THE COMMISSIONER: Yes, thank you.

19

Until 4 o'clock then.

20

---Short recess.

21

---Upon resuming.

22

THE COMMISSIONER: Yes, Miss Kitely.

23

MS. KITELY: Even though I indicated
that I had concluded.

24

25



1

2

3 E8 THE COMMISSIONER: You have thought
better of it?

4

5

6

MS. KITELY: I thought I would

clear up the confusion in Nos. 8 and 9 and I wondered
if I might be allowed an opportunity to do that.

7

THE COMMISSIONER: Yes.

8

9 MS. KITELY: The confusion came
because in No. 8 on the summary prepared by
10 Ms. Browne, the doctor's orders, in the course of
her evidence we changed the page reference from 215
11 to 237 and that was the error, sir. It is correct
12 the way it is printed. In other words, the doctor's
13 orders, if one were to look at Exhibit 104 of the
14 Leith chart.

15

THE COMMISSIONER: Yes.

16

MS. KITELY: They start at page 215
and they end at page 226.

17

THE COMMISSIONER: Yes, all right.

18

19

MS. KITELY: Those are the

requisitions.

20

21

THE COMMISSIONER: And those are

the requisitions.

22

23

MS. KITELY: Starting at page 227 to

page 238 as indicated are the requisitions, is that
right, Ms. Browne?

24

25



EE9

1

2

THE WITNESS: Yes.

3

THE COMMISSIONER: Yes, all right.

4

5

6

7

8

MS. KITELY: Q. Can you comment, just one final question, on the order in which these documents are usually found in the chart in the Hospital? Does Exhibit 104 bear any resemblance to reality?

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

A. No. I feel badly that it is so hard to retrieve things from the charts. When a patient's chart goes to Medical Records there is a very definite order that the chart is put together, and it is put together with a heavy metal clip so that it remains in that order. The ongoing record on the ward is kept in a three-ring binder with dividers specifying "Doctor's Orders", "Progress Notes", so that it is very easy to flip through to the section you have need of.

Q. So the nurse on duty would not have to do what we have just done?

A. No.

MS. KITELY: Thank you, sir, that is all my questions.

THE COMMISSIONER: Before we

proceed any further I had a call from the Divisional Court as to the date for the Memos of Fact and Law



EE10

1

2

and I gave them the ones I gave to you this morning
so they may now be somewhat official and those dates
are - for the applicants I think it is the --

5

MS. CECCHETTO: January the 6th,
Mr. Commissioner.

7

THE COMMISSIONER: And for the
respondents it is the 11th of January.

8

MS. CECCHETTO: Yes.

9

THE COMMISSIONER: So they now,
from what started off as merely being advice this
morning they are now semi-official.

10

I would like to take a poll I think
because, now don't take offence, Mrs. Browne, we
want to dispose of you before Thursday morning if
possible. How long do you think you will be,
Mr. Brown?

11

MR. BROWN: 20 to 25 minutes at
the most.

12

THE COMMISSIONER: Yes, well we
might dispose of you this afternoon. How long will
you be, Miss Forster?

13

MS. FORSTER: 15 to 20 minutes, sir.

14

THE COMMISSIONER: Yes, Mr. Hunt?

15

MR. HUNT: About half an hour to
45 minutes.

16

25



1

2 THE COMMISSIONER: Yes, Miss Thomson?

3

4 MS. THOMSON: 20 minutes to half an
hour.

5

6 THE COMMISSIONER: Yes, Mr. Young?

7

I don't know what order, we never seem to go in
the appropriate order, how long will you be,
Miss Chown?

8

9 MS. CHOWN: Mr. Commissioner, if I
have questions I would imagine 5 to 10 minutes.

10

THE COMMISSIONER: Mr. Young?

11

12 MR. YOUNG: I expect to be about
45 minutes, Mr. Commissioner.

13

MR. KNAZAN: About half an hour.

14

MR. OLAH: About 15 minutes.

15

16 MR. LABOW: About half an hour at
this point, Mr. Commissioner.

17

18 MR. SHANAHAN: If I have any
questions, 5 or 10 minutes.

19

20 MR. TOBIAS: If I have any questions
at all, about 10 or 15 minutes, Mr. Commissioner.

21

22 THE COMMISSIONER: I make that about
6, I may have done this wrong, but it is about 6
hours. I think it might be advisable to start
tomorrow morning at 9:30, I don't know, that is you,
Ms. Forster, are you ready to start tomorrow at 9:30?

23

24

25



Browne

1

2

EE12 MS. FORSTER: Yes, I am.

3

4

THE COMMISSIONER: Is that convenient
for you at 9:30?

5

THE WITNESS: That is fine.

6

7

8

9

THE COMMISSIONER: It is just because
I want to complete by noon on Thursday because that
is the scheduled time for the Christmas break to
start.

10

11

12

13

14

MR. TOBIAS: Mr. Commissioner, I

15

16

17

18

19

20

take it from what you have just said I probably
don't have a problem, but tomorrow morning I have
to be in another Court and probably won't be here
in any event until after the lunch break, I would
like to be sure I do not get called upon before then.

21

22

23

24

25

THE COMMISSIONER: I don't think you
have any fears whatever. I rarely say that sort of
thing, but in this case I can say it and I will say
it with great confidence and it will be delightful
if it turns out I am wrong, that we will all have
to go to an early lunch because you are not available.
All right then, Mr. Brown?

MR. BROWN: Before I begin,

Mr. Commissioner, perhaps I could just briefly
address the issue of the statement.

THE COMMISSIONER: Yes.



1

2

E13

3

4

5

6

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25

MR. BROWN: At this point I don't

intend to push the issue in respect of this particular witness, subject however to a couple of reservations, that first of all the matter be argued at some greater length, and I think you have indicated you are willing to accept submissions on that.



F/BN/ko

If indeed you decide that the statement should be made available to, amongst others, ourselves, I would like to reserve the right to recall this witness and cross-examine her, if necessary, and of course as in the case of Dr. Fowler, if someone who succeeds me raises something, I would at that point wish to address you on the matter of the right of further cross-examination and conceivably on the matter of disclosure of the statement.

THE COMMISSIONER: Yes.

CROSS-EXAMINATION BY MR. BROWN:

Q. Ms. Browne, my name is Brown and I act for Nurse Susan Nelles.

If I could direct your attention, first of all, please, to Exhibit 303, which is called the "Statement on the Clinical Nurse Specialist" --

A. Yes.

Q. -- which was introduced through you this afternoon, if I could ask you to turn to page number 2, there is a heading on that page, "Consultant" and then there follows a description of various consulting activities of a clinical nursing specialist.

Now, am I correct in assuming that the functions described under the heading "Consultant" are functions that you would have performed as the clinical

24

25



FF 2

1

nursing specialist on the cardiology service?

2

A. Yes.

3

Q. And those functions would include
if I might direct you to the third item, facilitating
communication and collaboration among members of the
health team and health system. That is a function
which you performed?

4

A. Yes.

5

Q. And the fourth item provides
nursing consultation to members of the health team,
family and then a number of other groups. That is
also a function that you would have performed?

6

A. Yes.

7

Q. So would it be accurate to say
that one of your functions as a clinical nursing
specialist would be to make yourself available to
other nurses to discuss problems which would arise
during the course of nursing care?

8

A. Yes.

9

Q. And of course these problems, I
take it, could encompass a wide variety of matters?

20

A. Yes.

21

Q. You were employed as a Nursing
Consultant for a period of some years, I believe from
1975 until 1983; is that correct?

24

25



FF 3

1

A. That is correct.

2

Q. During that course of time were
you approached on numerous occasions by nurses to
discuss problems which they had with nursing care?

3

A. Yes.

4

Q. I take it that before what we
have called the epidemic period from July of 1980
until March of 1981 you were approached on occasion
by nurses to discuss problems relating to nursing
care?

5

A. Yes.

6

Q. I take it those problems would
include the treatment of a child?

7

A. Yes.

8

Q. They would include the liaison
which would have to be maintained with the parents of
that child?

9

A. Yes.

10

Q. Would they on occasion include
a discussion of the reasons for the death of a
particular child?

11

A. In conjunction with the medical
staff, yes.

12

Q. I take it after the end of the
epidemic period in March 1981 until the termination

13

14



1

2 of your functions on that ward, you were again on
3 occasion approached by nurses to discuss problems
4 relating to health care?

5 A. Yes.

6 Q. Would those problems be the same
7 problems that I had listed before, conceivably the
8 cause of death of a child, the relationship with the
9 parents and the nature of the treatment that the child
would have received?

10 A. Yes.

11 Q. I take it also that it would
12 really be one of your functions to serve as a
13 listening post, that nurses could approach you and
discuss such problems with you?

14 A. Yes.

15 Q. And that that was known to the
16 nurses?

17 A. Yes.

18 Q. And indeed, was it expected of
19 the nurses that if they did have a problem in respect
20 of nursing care that they would approach, amongst
others, yourself?

21 A. Yes.

22 Q. Who else --

23 THE COMMISSIONER: Just a moment,

24

25



1

2 Mr. Brown. I think there is going to be a transgression
3 in a minute. I am not sure where this gentleman is
4 from.

5 MR. JOHN McNEILL: I am with the
6 Globe and Mail. Am I not allowed to make photographs?

7 THE COMMISSIONER: You are allowed to
8 make photographs but you are not allowed to move.
9 That is the problem. The motion picture aids never
came into being for us.

10 You can sit down if you want to and if
11 you can move that instrument, if you can take your
12 pictures without any noise and without your moving,
13 that is fine, but you have to come in before we get
started.

14 I suggest that you come in tomorrow.
15 We are starting at 9:30. Get yourself a position
16 somewhere in the back, and I take it that that does
not make any noise?

17 MR. McNEILL: Well, it makes a little
bit of noise.

18 THE COMMISSIONER: I do not think so.
19 One of your competitors has an instrument that does
20 not make any noise and we let him get away with it.

21 MR. McNEILL: I will show you how much
22 this makes.

23

24

25



1

F 6 2

THE COMMISSIONER: Well, that will distract us, I am afraid. But I do not see why you should not be allowed to take pictures if the others can. All I recommend is that you speak to your employers about getting that wonderful machine that does not make a noise.

7

8

MR. McNEILL: All right, thank you very much.

9

10

THE COMMISSIONER: All right, thank you. Yes, sorry, Mr. Brown, go ahead.

11

12

MR. BROWN: Q. Aside from yourself, Ms. Browne, with whom would the staff nurses discuss problems relating to the care of an infant?

13

14

A. They would discuss it with other nurses on the ward, with the head nurse, with the teaching team leader, with the other clinical specialist.

17

18

19

Q. In view of the nature of your position on the ward, was it a practice of the nurses perhaps to go to you with problems before they went to their head nurse?

20

21

22

23

24

25

A. Sometimes.

Q. Why would that be the case?

A. It might be to sort out what



1

2

course of action they wanted to take. It might just
be to get some things off their chests that they did
not want to go any further.

3

4

Q. And of course not being
responsible for the administration of the nurses, I
take it that you stood in somewhat of an independent
position on the ward, and for that reason may have
been a more accessible source in whom the nurses could
confide?

5

A. Yes.

6

Q. And you mentioned during the
course of your examination this morning by Ms. Cronk
that during the months of July and August you were
approached on I believe two or three occasions by
some of the nurses on the Trayner team, in particular,
Phyllis Trayner and Susan Nelles to discuss the deaths
of a few children; is that correct?

7

A. That is correct.

8

Q. If a nurse did have concerns
about the care of a child or the reasons for the death
of a child, as you said, you would expect them to come
to you, amongst others?

9

A. Yes.

10

Q. So it was not unusual at that
point in time for Phyllis Trayner or Susan Nelles to

11

12



1

2 approach you to discuss the deaths of a few infants?

3

A. That is correct.

4

Q. Indeed, in view of your position,
it would be highly desirable for them to express to you
the concerns they had about the treatment that they
had afforded to a child?

5

A. Yes.

6

Q. I take it the reason it was
desirable, that if concerns were made known to you,
steps could be taken to remedy any perceived
difficulties on the ward?

7

A. Yes.

8

Q. And indeed from what you said
this morning some steps were taken to address those
problems, and in particular, a series of mortality
rounds were held, were they not?

9

A. Yes.

10

Q. In addition to that,
consideration was given to bringing in other
personnel from the hospital, a psychiatrist or a
mental health nurse to assist the nurses in dealing
with the problems they perceived they were having on
the ward; is that correct?

11

A. Yes.

12

Q. In your testimony with Ms. Cronk

13

14



FF 9

1
2 and subsequently with your own counsel, you mentioned
3 that you had attended a meeting held on October 23,
4 1980, and I could refer you, for your reference, to
5 Exhibit 301, which is the Ward 4B meeting book, and
6 in particular, ask you to turn to page 8 of that
exhibit.

7 If I recall your testimony this morning,
8 you recalled that at that meeting some mention was
9 made about splitting up the Trayner team; am I correct
10 in that?

11 A: Yes.

12 Q. And further that at that meeting
13 members of the Trayner team indicated that they did
not want to be split up; is that accurate?

14 A. Yes.

15 Q. On page 8 of Exhibit 301 there
16 is an entry dated October 23, 1980 which was read, to
17 the effect that Karen Power started by saying that we
18 need support and that we do not need our team to break
19 up. Now, was Karen Power assigned to Ward 4A?

20 A. No, she was assigned to 4B.

21 Q. Is it possible that the reference
attributed to Karen Power indicates that there was some
22 discussion that other teams might have been broken up?

23 A. I believe so, and that if one

24

25



FF 10

1
2 team was split up, that indeed would affect the other
3 teams as well.

4 Q. So at that meeting you recall
5 there was a discussion about splitting up more than
6 the Trayner team?

7 A. Yes.

8 Q. And I take it that the resolution
9 of that meeting was that none of the teams would be
broken up?

10 A. Yes.

11 THE COMMISSIONER: Now, when you say
12 Karen Power was on 4B, who was the team leader of 4B?

13 THE WITNESS: There were different
team leaders.

14 THE COMMISSIONER: I suppose there would
15 be different team leaders if a different team is there.
16 Was she of a regular team?

17 THE WITNESS: Yes.

18 THE COMMISSIONER: Who was the team
leader?

19 THE WITNESS: She was the team leader.

20 THE COMMISSIONER: She was the team
21 leader herself, I see.

22 THE WITNESS: Yes.

23 MR. BROWN: Q. I believe, Ms. Browne,

24

25



1

TF 11 2 in your testimony to Ms. Cronk there was some brief
3 discussion about the assignment of nurses on the
4 cardiology service. I would like to refer you to one
5 of the exhibits put in at the Preliminary Inquiry and
6 would ask the Registrar perhaps to put before you
7 Exhibit 32A. I would ask you to turn to Tab 14 of
8 that volume, please, and in particular the second page
of that tab.

9

A. 14?

10

Q. Yes, Tab 14, which I believe is
11 the 4B Assignment Book for part of 1981.

12

A. Yes.

13

Q. And ask you to turn the front
page and look at the double page numbered 2 and 3.

14

A. Yes.

15

Q. Now, are you familiar with the
format of the assignment book?

17

A. Yes.

18

Q. From what I can see, there are
four columns in the main section of the book. Could
you explain to me the significance of each of those
columns?

21

A. Each column under the sub-heading
was the name of the nurse who was on the ward at that
particular time, the date being given at the top.

24

25



FF 12

1
2 Under that nurse in each square, if you will, would be
3 the patients that were assigned to her.

4 Q. Now, after the second column we
5 get onto the new page, page 3. Is there any signifi-
6 cance to the division of the page in half? Does it
7 represent a time of the day?

8 Perhaps I am not asking the question
9 properly. I understand that there is such a thing as
10 a short day shift and a long day shift?

11 A. Yes, that is correct.

12 Q. Is there any way in looking at
13 the assignment book that I can tell when the short day
14 shift ends and when the long day shift commences and
15 then ends?

16 A. If you look behind the nurses'
17 names, the LD represents long day.

18 Q. So each of those four columns
19 would represent part of a day shift?

20 A. Yes.

21 Q. And certain of the nurses may be
22 assigned to the long day shift; is that correct?

23 A. Yes, although I have trouble
24 interpreting from this who was long and who was short.

25 Q. Would there usually be some
26 notation to indicate someone was on a short day?



FF 13

1

A. Usually.

2

Q. Such as SD?

3

A. Might be.

4

Q. Then there are four nurses' names
that appear in the bottom right-hand corner of page 3.
Are those the nurses that were on duty for the long
night shift?

5

A. I believe so.

6

Q. And that would be the long night
shift for Thursday, January 8th, 1981?

7

A. Yes.

8

Q. In the top left-hand corner
there is the name Mrs. Croswell with the letters IC
behind her name. Does that indicate she was the nurse
in charge?

9

A. That is correct.

10

Q. She would also be known then as
the head nurse?

11

A. For that shift, yes.

12

Q. Then right below her name there
is a Mrs. Talangbayan with the initials TL after that.
Does that indicate she is the team leader?

13

A. Yes.

14

Q. She would then be the team leader
for the day shift?

15

16



1

FF 14

2

A. Yes.

3

4

If I can refer you to the bottom
of page 3, Mrs. Wigmore's name appears with the letters
IC. Does that indicate that she was in charge for the
long night shift?

5

A. Yes.

6

7

Now, at the commencement of the
long day shift who would assign a nurse to be the team
leader for that shift?

8

9

10

It would be assigned by the team,
if you will, in that there was a permanent team leader
for each team. If that person was away for any reason,
then it would be the decision of the head nurse as to
who would be the acting team leader for that shift.

11

12

13

14

15

16

17

Indeed, on a team there may well
have been a registered nurse who was designated as a
back-up team leader?

18

19

20

21

22

23

24

25

A. Yes.

Q. And it would be expected that
that nurse would fill in in the absence of the team
leader?

A. Yes.

THE COMMISSIONER: Did I misunderstand
you? It is not a democratic process, they do not
elect their team leader, do they?



1

FF 15 2

THE WITNESS: No.

3

4

5

THE COMMISSIONER: When you say was
designated, designated by whom, by the head nurse or
by the hospital or what?

6

THE WITNESS: The team leader who was
in charge of the team in a permanent way?

7

THE COMMISSIONER: Yes.

8

THE WITNESS: That was decided by the
head nurse based on the nurse's performance and her
experience on the ward.

9

10

11

12

13

14

15

MR. BROWN: Q. With respect to the
assignment of a nurse to a child for a particular
shift, and if I might direct your attention to the
long day shift in this, who would assign, for example,
Nurse Miss Brace those three children that appear
under her name?

16

17

18

19

20

21

22

23

24

25

A. It was probably done by the
head nurse or the charge nurse the day before.

Q. Would that be the head nurse or
the charge nurse on the long day shift the day before?

A. Yes, or if it was the head nurse,
she did not work a long day, it was a short day that
she worked.

Q. Now, would Nurse Miss Brace have
any say in the children whom she would be caring for?



BmcB.jc
GG

1

2

A. Generally not. If she had a problem with the assignment she would state that.

4

Q. And I take it that if a nurse on let's say the long day shift on Day 1 had cared for Child X and that child was still on the ward the following long day, that same nurse may well have been assigned to that child in order to provide some continuity of care?

9

A. Hopefully, yes.

10

Q. So, as a general rule then, the nurses who are assigned the children to whom they were to give care and they did not pick and choose the children for whom they were to care, is that accurate?

14

A. That is correct.

15

Q. With respect to the assignment of nurse-to-patient for the long night shift, who would make that assignment?

18

A. It was generally done by the charge nurse in the day, depending on the condition of the children.

21

Q. So, when a nurse arrived at 7 or 7:30 to start the long night shift, she would already find herself assigned to care for particular children?

24

25



GG.2

1

2 A. That is correct.

3 Q. And again that was presented to
4 her as a fait accompli?

5 A. Yes.

6 Q. If during the course of the day
7 a child was admitted to the ward, who would be
8 responsible for assigning a nurse to care for that
child?

9 A. It would be the charge nurse if
10 she was available; if it was not an expected admission
11 and the charge nurse was not on the ward at that time
12 it would be the team leader.

13 Q. Now, I have shown you a page
14 which refers to Thursday which is a weekday. On the
15 weekends, the weekend I take it would start with the
long night shift on Friday evening?

16 A. Yes.

17 Q. And am I correct in saying that
18 the assignment of nurse to patient for the long night
19 shift on the Friday would have been performed by the
20 head nurse on the Friday long day shift as a general
rule?

21 A. Yes.

22 Q. And then after the day shift on
23 Saturday, if a nurse was to come into work Saturday

24

25



GG.3

1

2 evening, who would be responsible for assigning her
3 children to care for? Would it be the person in
4 charge on the long day shift on the weekend, on the
5 Saturday?

6

A. Yes. Although the nurses tend
to work Friday, Saturday and Sunday, so, often the
assignment from Friday stood for Saturday and Sunday
as well.

7

Q. And again if a child was
admitted during the course of the weekend it would
be the responsibility for the nurse in charge to
assign that child to a particular nurse for care?

8

A. Yes.

9

Q. And on the weekend were the
head nurses normally present in the Hospital?

10

A. No.

11

Q. Who would be in charge of the
team, would it be the team leader?

12

A. It would be the team leader.

13

Q. So, on the weekend would the
assignment of nurse-to-patient sometimes be done by
the team leader?

14

A. Yes.

15

Q. If I could turn you to Exhibit
305, which was the summary of various procedures that

16

17



GG. 4

1

2 you prepared. If I could ask you to turn to the last
3 page entitled "Routine for Administration of Drugs".
4 I think you have indicated to us there the general
5 procedure that was employed for the administration
6 of drugs on the cardiology service?

7

A. Yes.

8

Q. And you previously testified
that a double check system was used for the drug
digoxin?

9

A. That is correct.

10

Q. Could you please indicate to
me where on that step-by-step list the double check
would occur?

11

A. It would happen at Step 4
where the nurse goes to the medication room. She
would seek out another RN to go with her at that time;
they would both check that indeed it was the correct
medication; they would individually calculate the
dose to be sure that their figures coincided and
the second nurse would witness the first nurse
withdrawing the medication from the bottle.

12

Q. So, the second nurse would
herself review the medication card?

13

A. Yes.

14

Q. And therefore review the

15

16



ANGUS, STONEHOUSE & CO. LTD.
TORONTO, ONTARIO

Browne, cr.ex.
(Brown)

8402

GG.5

1

calculation of the dose?

2

A. Yes.

3

Q. And generally would witness the
drawing of the drug?

4

A. Yes.

5

Q. And again would check to determine
that the amount of drug drawn corresponded with the
prescribed dose?

6

A. Yes.

7

8

9

10

11

12

13

14

15

16

17

18

19

20

21

22

23

24

25



GG2
1

2 Q. If in the event a second nurse
3 was not available to go with another nurse to the
4 medication room what practice would be employed for
5 the administration and the double check of digoxin?

6 A. The nurse would seek out
7 another nurse or she would wait until that nurse
8 was available.

9 Q. And let us say that the nurse
10 was not available, would there be occasions on which a
11 nurse would go into the medication room, review the
12 medication card, draw the drug and then take the card
13 and the syringe to another nurse for her verification?

14 A. I haven't seen that done, no.

15 Q. If that in fact was done, in
16 order to comply with the double check procedure, would
17 it be your expectation that the second nurse would
18 review the medication card?

19 A. Yes.

20 Q. And would it be your expectation
21 that the second nurse would also inspect the syringe
22 in which the drug had been drawn?

23 A. Yes.

24 Q. If I could ask you to refer to
25 the IV apparatus that is hanging on the board. It is
my understanding that registered nurses were authorized



1

GG2 2 to administer digoxin into the buretrol of the IV
2 apparatus, is that correct?

4

A. No.

5

Q. Okay. If a drug which they
6 were allowed to administer into the buretrol, if a
nurse was allowed to administer into the buretrol,
7 was injected into the buretrol, what further steps
would the nurse take in respect of the administration
8 of that drug?

10

A. She would label the buretrol
with the drug, the dose and the time.

11

Q. And would she allow some of
12 the IV solution to fall into the buretrol?

13

A. If indeed the drug was to be
14 diluted and there wasn't fluid in the buretrol already,
yes.

16

Q. And how would she determine
17 how much solution from the IV bag should be allowed
into the buretrol?

18

A. Often that was part of the
doctor's order that so much medication would be given
and so much intravenous fluid to be given over a
21 period of time and she would then regulate the number
of drops per minute so that that solution would go
22 in over, usually it was over an hour.

24

25



1

2

3

GG3
Q. Now, you have indicated that
the rate of flow from the buretrol can be regulated?

4

A. Yes.

5

Q. And is it sometimes regulated
by what is known as an IVAC machine?

6

A. Yes.

7

Q. Could you explain please what
an IVAC machine is?

9

A. An IVAC is an ---

10

THE COMMISSIONER: Is that an
'eye' or an 'i'?

11

THE WITNESS: It is an 'I'.

12

MR. BROWN: Q. I'm sorry, are the
initials IVAC?

13

14

A. Yes. It is a machine that
counts the drops for you. There is a light that
picks up as drops drop from the needle into the
drip chamber and the machine can be set for a
certain number of drops per minute and indeed there
is a light that flashes as each drop drops and it
keeps an accurate count then of how much fluid goes
in in a set period of time.

21

22

Q. How does the nurse determine
the rate at which the drug is to leave the buretrol?

23

24

A. It may be in the doctor's

25



Browne, cr.ex.
(Brown)

2GG4

1
2
3
4
5
6
7
8
order, depending on the time frame in which it is
to be administered, if it is to be over half an
hour or an hour and most of the children on the
Cardiology Ward were on limited fluid intakes. So,
it was really important to measure their intravenous
fluids very carefully and often it was small amounts
of fluid.

9
10
11
Q. As a general rule, how long
did it take to administer a drug placed in the
buretrol?

12
13
A. Usually between half an hour
and an hour and a half.

14
15
16
Q. And after the drug, and perhaps
the diluting fluid has left the buretrol, was there
a further procedure known as flushing which would be
employed by a nurse?

17
18
A. You would then refill the
buretrol and the IV solution itself would be your
flush and then you would remove the label.

19
20
21
Q. So, after all of the drug had
flowed into the body a further portion of the IV
solution would be placed in the buretrol and it
would follow the drug?

22
23
A. Yes.

24
25
Q. Down the tube?



1

2

2GG5

A. Yes. Even when the buretrol was empty there still would be medication in your IV tubing if you will follow the drip chamber.

5

6

7

Q. However, if you then proceeded to flush the line, that medication would be pushed down the line into the child?

8

A. That's right.

9

MR. BROWN: Mr. Commissioner, do you wish me to stop here?

10

11

THE COMMISSIONER: Well, it doesn't matter. How long do you think you'll be?

12

13

MR. BROWN: I may well be another 15 minutes.

14

15

THE COMMISSIONER: Why don't we stop now then and we will we continue with you tomorrow morning.

16

18

19

20

21

22

23

24

25

---Where upon the hearing adjourned at 4:35 until Wednesday, December 21st, 1983 at 9:30 a.m.

